

REDACTED PROPOSAL

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

PRICE PROPOSAL - PER PAID CLAIM LINE FORM

PROPOSER: **UNISYS**

REFERENCE NUMBER: 6.2.2

A. Price Proposal per Paid Claim Line	<u>\$0.44111</u>
B. Times 44,000,000 Assumed Average Annual Paid Claim Lines Equals Total Annual Paid Claim Line Processing Fees	<u>\$19,408,840.00</u>
C. Times 5 (five) Years Equals Total Paid Claim Line Processing Fees over Contract Life	<u>\$97,044,200.00</u>

Norman J. Nichols

Name of Individual (Please Type)

Norman J. Nichols

Authorized Signature for Proposer

CONFIDENTIAL

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BR-9A

1. Executive Summary

Modern day healthcare is one of our society's most complex and demanding industries. Costs to the patient and the provider, state and federal government regulations, and numerous other issues often create obstacles to the overarching goal of meeting medical needs. Referring to healthcare in her inaugural address, Governor Kathleen Blanco said, "In this area, we face awesome challenges. We must find a way to address the pressing healthcare needs of our fellow citizens." In recent years the Department of Health and Hospitals has embarked on a goal of meeting the challenges of budgetary shortages with expanding demands for additional healthcare. Unisys, a long-standing partner of DHH, is ready to work with the Governor and the Department to meet these challenges.

In continued fiscally challenging times, the efficient administration of Louisiana's Medicaid Program is essential. It is imperative that DHH be able to rely on the sound operation of a Medicaid Management Information System (MMIS) and dependable fiscal intermediary services so that Department personnel can continue to focus on meeting the healthcare needs of Louisiana's population. As the Department's fiscal intermediary, Unisys Corporation has partnered with DHH to analyze and address ways to more efficiently serve the needs of the Medicaid recipient and provider communities and to implement supporting program changes. We have worked together diligently to develop sound, prudent solutions. Cooperation, communication, and commitment are evident in the implementation of joint projects such as HIPAA, CommunityCARE, the LMMIS provider website, supplemental drug rebate, physician profiling, electronic referral applications (e-RA), electronic clinical data inquiry (e-CDI), and provider enrollment. DHH and Unisys have a proven partnership that works.

The Louisiana Nursing Home Association strongly supports Unisys in its endeavor to remain the Medicaid fiscal intermediary for the State of Louisiana.

Joseph A. Donchess
Executive Director
Louisiana Nursing Home Association

Our goal is to help the Department make the necessary adjustments to reduce program expenditures without jeopardizing the quality of healthcare. Unisys is committed to capitalizing on our talents and relationship to meet today's challenges and the Department's future vision and goals.

Understanding Procurement Objectives

Unisys appreciates that it is essential for contractors to understand the objectives of the procurement. In designing approaches, systems and solutions for our clients, we know that this process begins with a clear, detailed picture of what the client wants to achieve in securing the services.

Unisys staff work diligently to understand the goals of DHH and the Louisiana Medicaid Program. Our understanding has continued to grow appreciably in bimonthly meetings conducted to address priorities, provide explanation for the new Medicaid initiatives and breakdown detail design sessions, and the deployment of technology as an enabler for executing the objectives of the State.

Unisys has a good understanding of the State of Louisiana's Medicaid Program and the many challenges DHH faces in view of the ever-increasing costs of delivering medical assistance for low-income residents. Our historical collaboration with DHH provides Unisys with a unique understanding of the Department's procurement objectives and future goals. We understand and share the Department's desire to optimize the inherent capabilities of the current system to meet short-term business needs and to implement a

Relational Database Management System in 2007. We are well positioned to help the Department reach its procurement goals.

Obtain Quality Services at a Fair and Competitive Price

As a global business enterprise, Unisys believes market forces are key to driving down technology costs for the client's benefit. For the past three LMMIS procurement cycles, Unisys consistently has delivered the best value and price for quality services. These services have received national recognition from CMS, but more importantly, we have received positive testimonials from DHH and the provider community.

The Department can be confident that the Unisys proposal represents the highest value, highest quality, technologically advanced solution. Because we operate the LMMIS, we know the true cost of getting the job done. We know the people, technology, and processes required to successfully operate and enhance the LMMIS. As has been the case for the past two decades, DHH can depend on the accuracy of our solution and be assured that our pricing is reasonable and responsible.

Facilitate a Smooth Transition to the Next Contract

As our client, we understand the Department's critical need to transition to the next contract with no disruption of services. It is apparent that there is much to do – the transition to the new administration, implementation of new programs, and preparation for the Governor's Healthcare Summit. These important goals for 2004 do not allow any waste of time, resources, or energy. There is much to do in a relatively short period of time.

As the incumbent fiscal intermediary, we have the operations, people, facilities, technical platforms, and processes in place. We are the only bidder who can offer Louisiana a disruption-free takeover. With Unisys, DHH minimizes risk for providers and recipients. Providers do not have to worry about late payments, and recipients can continue to expect timely access to care.

Obtain Enhancements to Control Costs and Improve Management Practices

In working with the Department to reduce costs, we gained valuable insight into the difficult choices you make when funding is limited. We compliment the Department for its carefully thought out, inventive solutions that find ways to do more with less. Each time an approach is crafted, an application tested and an outcome study structured, we learn that lowering costs is but one tool. Equally important is the ability to improve a process or management practice, which also translates into resource savings and lower administrative costs.

Experience, knowledge, and insight are the foundation of our approach to implementing the enhancements outlined by the Department. We considered Louisiana's program policies, procedures, processes, goals, and objectives, as well as the complexities of the LMMIS, when developing our cost-effective and low-risk solutions for each of the enhancements presented in the SFP. DHH can rely on our understanding of the effect each enhancement will have on the operational and technical aspects of the LMMIS.

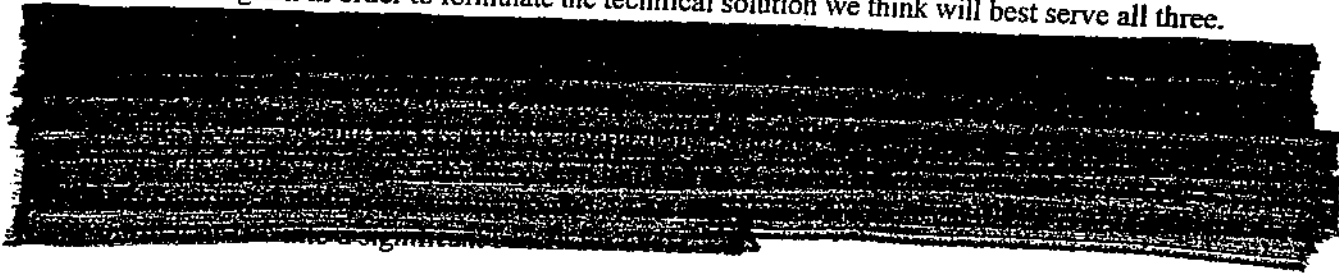


Transition to a Relational Data Base Management System

We agree with the Department that the RDBMS design allows business operations to perform in a faster, less costly, and more efficient manner. The Department has conducted the pre-requisite work of carefully

analyzing RDBMS technology, visiting potential contractors to understand what the market offers, and assessing the upside and downside of the available platforms and approaches. The SFP offers clear, high-level RDBMS insight, coupled with a strategic, logical approach to implementation.

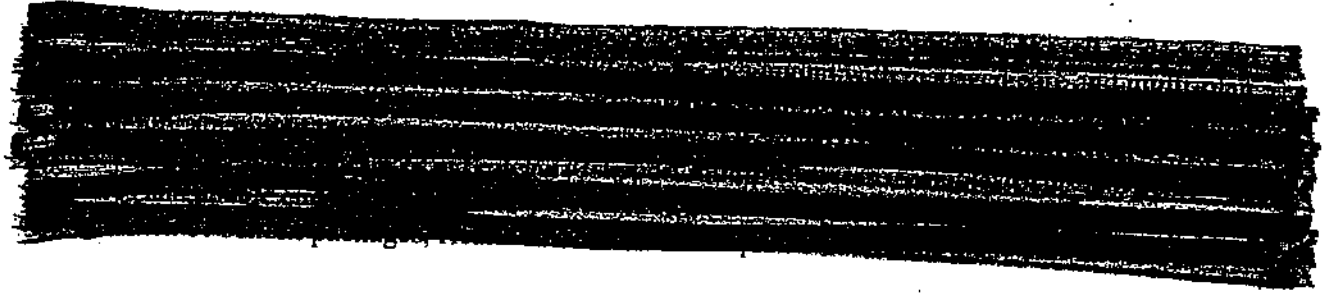
Unisys understands the complex needs the Department has for an MMIS that will meet both today's and tomorrow's healthcare challenges, and for a fiscal intermediary that is flexible, knowledgeable, and visionary. We have analyzed Louisiana's needs, the Department's visions, and the unique intricacies of the Medicaid Program in order to formulate the technical solution we think will best serve all three.



Obtain a Managed Care System

Unisys understands the Department's desire to obtain a comprehensive managed care system as well as other service delivery models utilizing capitated reimbursement methodologies to improve access and quality of care provided to Medicaid recipients and to contain or reduce costs through better management of care and reduced inappropriate care.

Managed care is a broad term used to define a variety of health care delivery models. In Louisiana, Unisys assisted the Department in establishing a Primary Care Case Management fee-for-service program, CommunityCARE, in 1990; the Pharmacy Lock-in program in 1984; and Prior Authorization systems. In 1997, at the Department's request, Unisys designed and developed a capitation model approach for potential managed care waivers.



A Firm Foundation

Unisys corporate qualifications include a track record of solid performance and outstanding accomplishments on MMIS contracts and within our other lines of business servicing commercial, private, and public sectors. Annually, Unisys processes more than 246 million healthcare claims, serves 249,000 healthcare providers and 4.9 million beneficiaries, issues more than \$21 billion in payments, and handles more than 1.3 million written and telephonic inquiries on behalf of our government healthcare clients. We have established a reputation for developing strong partnerships and excellent working relationships with our clients.

A total services and solutions provider, Unisys has the expertise and experience in providing best-of-breed software as well as the underlying business process services. We offer continuing improvements to our clients through the deployment of new technologies and the supporting business processes. From

our quality fiscal intermediary/agent services to the [REDACTED]
[REDACTED]

Through our more than 25 years of extensive experience as a Medicaid fiscal intermediary/agent in multiple state jurisdictions, and with our advanced [REDACTED] Unisys brings to DHH the world-class Medicaid experience, technical leadership and expertise, next-generation system solution, proven track record, and most importantly, the highly skilled people to work with DHH in managing Louisiana's public healthcare programs.

We have been very pleased with the strong interaction of Unisys management and top-flight consultant teams with our pharmacists...

Peggy Van
President
Louisiana Pharmacists
Association

Corporate Commitment of Resources

Unisys has the corporate resources including the personnel, computer facilities, financial resources and corporate commitment necessary to ensure the successful operation and enhancement of the Louisiana MMIS by providing the innovative, client-driven solutions that best meet DHH needs and requirements. When a new drug rebate system was needed, our Systems and Technology group in Austin, Texas designed and implemented the desired supplemental and customization specifications for these unique applications within the timeframe required by the Department. Personnel from all three of our Health Information Management technical development centers have worked side-by-side with Department staff in the swipe card project, promoting into production web-based client server hardware and applications, and solving complex network communication issues to meet the Department critical priorities. The corporate resources extend the breadth of talents available to the Louisiana Medicaid Program.

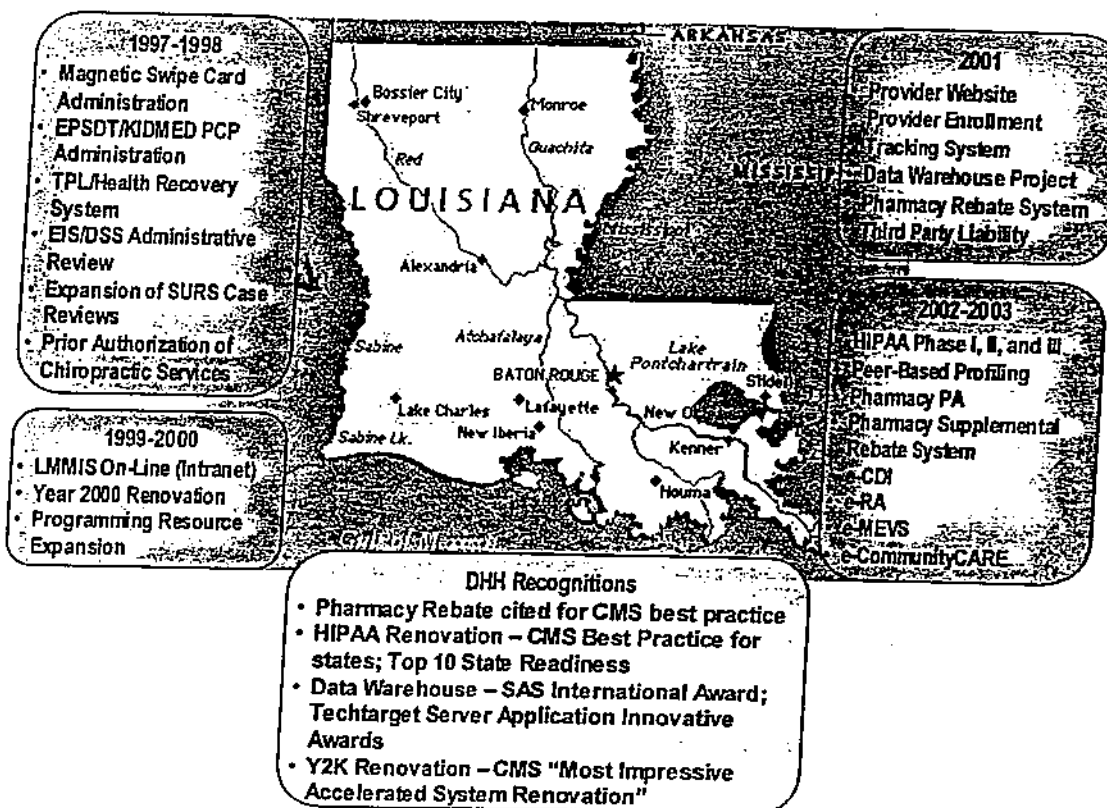
Larry Weinbach, Chairman, CEO and President, and the Unisys senior leadership team, Joseph McGrath, Executive Vice President and President of Enterprise Transformation Systems, Alfred Binford, Vice President and General Manager of Outsourcing, and Paul Kruelle, Vice President and General Manager, Health Information Management Practice, commit all necessary firm resources required to ensure a successful program will be available to Louisiana.

A Heritage of Teaming and Success

Over the years, Unisys has teamed with DHH to provide quality solutions and services to the dynamic Louisiana Medicaid Program. Technology is the enabler for achieving more effective and efficient delivery of healthcare services, and we have assisted DHH in creating award-winning systems that improve service while also containing costs. We routinely establish project teams comprised of Unisys and DHH staff to design, develop, test and implement enhancements. DHH staff are co-located with the Unisys team to facilitate focused, productive interactions. Unisys and DHH personnel on all levels communicate frequently and openly to exchange ideas, provide clarifications, and implement solutions. We value this partnership with DHH and strive to continually reinforce that relationship in our daily contacts with the Department.

The diagram that follows highlights many of our collaborative successes.

Collaborative Successes



Unisys is proud that our client, DHH, has received statewide, national and international recognition for your vision, technical innovation, best practices, and progressive healthcare concepts. We are pleased to have been engaged in these projects and our record is a testimony of the benefits of retaining Unisys as your fiscal intermediary.

A Tradition of Performance Excellence

Our approach to operations ensures that we will continue the tradition of meeting DHH ongoing performance expectations. We have a record of performance excellence in Louisiana, and the Unisys team is committed to continuing to meet all of the MMIS operational requirements. With the experience of the existing LMMIS operation as a solid foundation, we will continue smooth day-to-day operations while implementing our best technologies.

Unisys has developed a management technique that involves the integration of system and manual functions, internal resources, full corporate commitment, enhanced communication, and the trained staff to ensure that the LMMIS continues to function smoothly. Informal meetings and daily contact between Unisys and DHH management personnel will facilitate sharing ideas, issues, and concerns. These daily interfaces will also help identify potential problems so that solutions can be implemented in a manner that minimizes impact to the LMMIS operations. Supplementing these traditional methods of interaction between Unisys and DHH, the

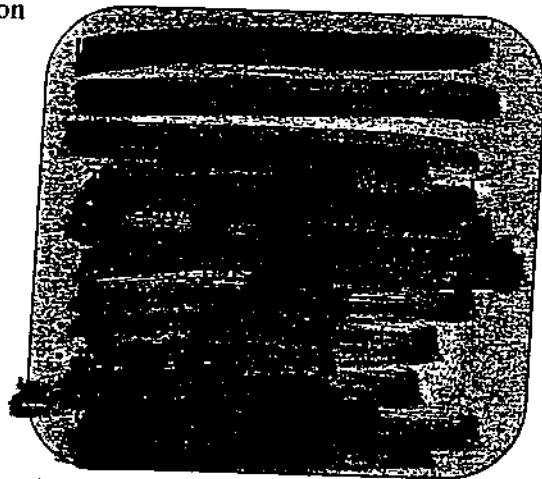
The work of Unisys in providing fiscal intermediary services to the Louisiana Department of Health and Hospitals over the course of the last several years has been excellent.

Lynn B. Nicholas, FACHE
President & CEO
Louisiana Hospital Association

LMMIS Intranet will also enhance communication and information sharing. DHH and Unisys staff will be able to more efficiently complete day-to-day tasks via this web-based tool.

The key elements of the Unisys operations approach include the following:

- Clear expectations for each department, unit, and position
- Defined, proven processes
- Open and ongoing communications with DHH staff
- Attentive management/leadership
- Availability and continuity of experienced key staff
- Quality assurance for performance and productivity that ensures compliance with MMIS requirements
- Recommendations for improvement of manual procedures, system functions, and Medicaid policies
- Employment of advanced hardware and data communications equipment in the operations environment.



This approach will allow Unisys to meet the operational responsibilities, performance expectations, and system requirements necessary to support the Louisiana Medicaid Program.

Unisys brings a unique perspective to the LMMIS operations because of our hands-on involvement with the change and growth of the Medicaid Program. During the past 20 years, we have operated and maintained each Medicaid subsystem; adjudicated all claim types; generated required reports; supplied provider and recipient services; instituted programs to detect fraud and abuse; coordinated benefits among different coverage programs; administered the financial aspects; and provided a variety of Medicaid support functions such as training, monitoring, and auditing. Quality assurance procedures have been integrated into our day-to-day operations and have assisted in our successful performance.

Unisys is committed to operating the Louisiana MMIS in a manner that meets or exceeds the contract's operational requirements and performance standards. Our automated and manual functions, as well as our methods, resources, and experience, will be employed to maintain a continuity of support to the Louisiana MMIS provider and recipient communities and to DHH users.

An Unparalleled Team

One of the significant advantages that Unisys offers the State is a seasoned management team that will continue to direct the LMMIS. During our tenure as fiscal intermediary, we have invested much time to hire, train, and acclimate our management team to the nuances and unique characteristics of the Louisiana Medicaid Program. In return, our experienced team is well respected and trusted by peers, employees, DHH, and the provider community.

**All Unisys personnel
have been well trained,
responsive and
conscientious
about provider issues.**

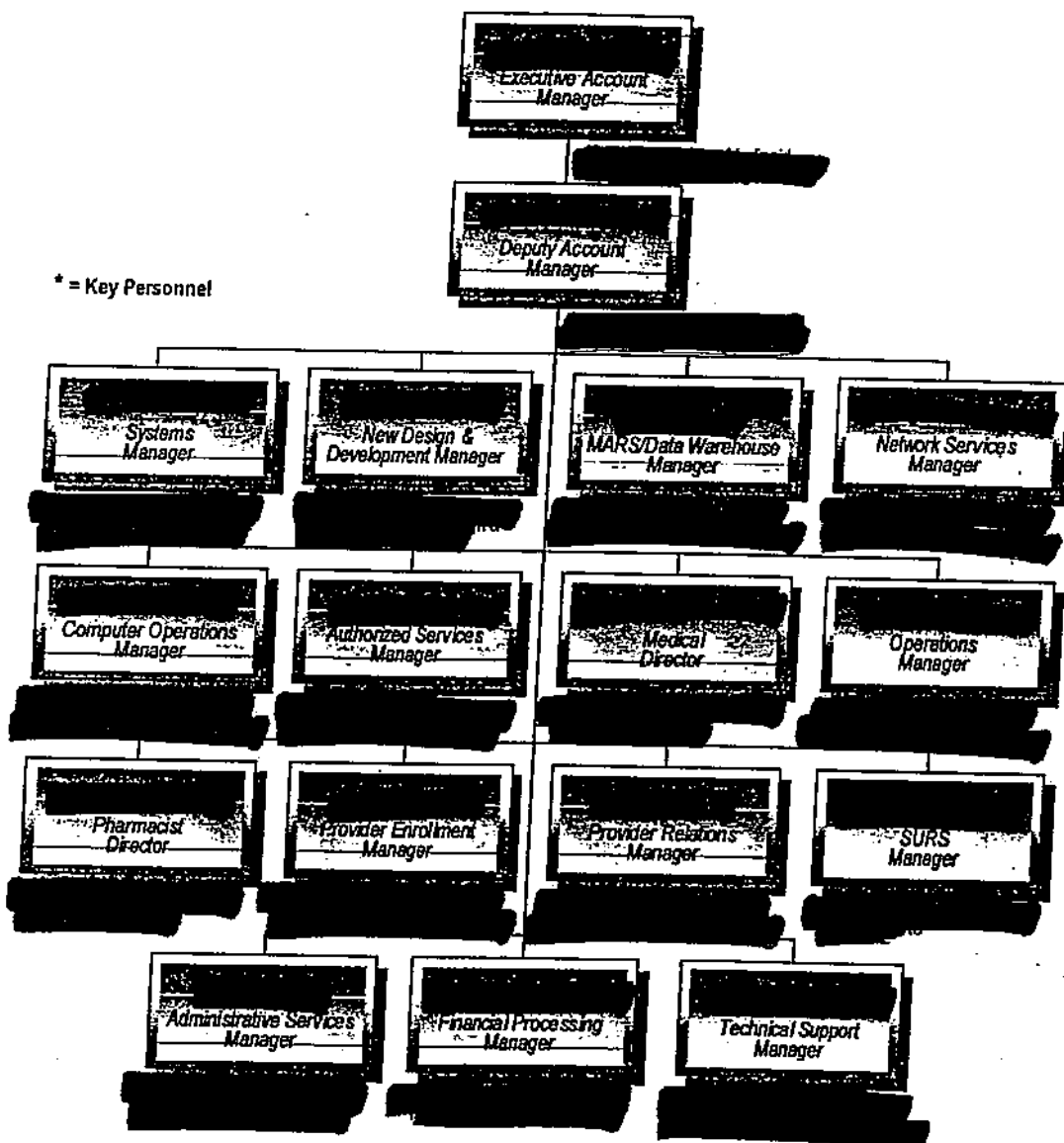
The Louisiana Unisys management team is the most qualified team that any company can assemble for the LMMIS. All are Louisiana residents; many have spent decades understanding Medicaid and working with DHH to refine current functions and to recommend new processes. Their knowledge, focus, energy, and commitment coalesce to provide DHH with a Medicaid partner that has proven day in and day out that they can

**Rob Hawkins
Past President &
Medicare/Medicaid Committee
Co-Chairperson
LA HFMA**

be counted on to deliver for the State. We are proud that this team is also committed to community stewardship and involvement.

To demonstrate our pride and confidence in our Louisiana staff, we have identified our entire management staff. Together they bring over 276 years of Medicaid experience, 212 of which are specific to Louisiana. They represent all fields in the Medicaid arena, from claims processing and provider relations, to advanced information technology and project management. Their skills and dedication are known to the State. In essence, they bring the right mix of personnel to Louisiana's Medicaid processing. No other contractor can match this depth of Louisiana-specific MMIS processing experience.

And, standing behind this veteran team, is the Unisys Corporation, with its long history of technology integration, processing innovations, government partnerships, healthcare experience, and personnel resources.



Unisys Louisiana staff have unique and unmatched knowledge of the Louisiana Medicaid Program.

A Single Focus on Phase-In Enhancements

As both the incumbent fiscal intermediary and industry technology leader, we approached Louisiana's requirements with careful attention to detail. We recognize the Department's objective for what it is—a bold, yet secure, step forward. By seeking sophisticated new capabilities, Louisiana is positioning its MMIS to serve the next generation.

Unisys will use the Phase-In period to focus our attention and energies on the enhancements requested by DHH, without the distraction and time-consuming activities that would be required of both a new

contractor and DHH to support a system takeover. Upon contract award we are prepared to immediately assign our enhancement teams and initiate the requirements analysis activities.

Unisys has successful experience with each of the major enhancements requested by DHH. For each enhancement solution, our experienced project management staff and system architects have focused primarily on how our efforts can enable DHH to provide better services and support, within cost constraints, to the Medicaid community. Our knowledge of the processing functionality of the system will provide the Department with a secure direction for the implementation of the enhancements required in the SFP.

As we design, develop and implement the enhancements we are mindful of the Department's objective to move to a Relational Database Management System (RDBMS). Wherever possible and practical we design solutions that ensure the funds DHH invests in development and enhancement today are relevant to the Department's next generation RDBMS solution.

PROGRAM AREA: Technical Requirements

REFERENCE NUMBER: 2.0

TECHNICAL REQUIREMENT AREA: Technical Requirements

2 Technical Requirements

The Louisiana Medicaid Program can be proud of its many accomplishments in being one of the most innovative and successful Medicaid programs in the nation. Medicaid programs continue to evolve to meet the demands of providers, recipients, and the advancement of medical technology. Simultaneously, Medicaid Management Information Systems (MMIS) have become technology driven, highly specialized, program specific, and complex. State fiscal challenges mean that every Medicaid dollar must be spent in the most cost effective manner possible to provide an appropriate level of service to recipients. Recipients utilizing the program expect to obtain quality treatment with choices in providers and programs. Providers expect quick access to information and payments. States must work in concert with fiscal intermediaries to meet these needs.

The Unisys partnership with the State of Louisiana's Department of Health and Hospitals (DHH) has produced a long-term relationship with free exchange of ideas, discussions of potential problems, and recommended solutions. Teamwork has driven significant advancements in the LMMIS over the past 20 years, bringing technology solutions and Medicaid program enhancements that benefit recipients and providers.

The following proposal sections outline the technical approach to operating, modifying, and enhancing the Louisiana MMIS. Unisys has carefully and thoroughly evaluated each requirement and prepared appropriate and thoughtful responses. We look forward to continuing our long-term partnership to the benefit of all citizens of Louisiana.

PROGRAM AREA: Technical Requirements

REFERENCE NUMBER: 2.0

TECHNICAL REQUIREMENT AREA: Technical Requirements

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PROGRAM AREA: Technical Requirements

REFERENCE NUMBER: 2.1

TECHNICAL REQUIREMENT AREA: Technical Requirements-Introduction

2.1 Introduction

Operating and maintaining complex Medicaid processing systems requires a contractor who has demonstrated its ability to fulfill its contractual obligations and to work in partnership with the State in delivering an effective and cost-efficient Medicaid Program. Unisys understands that the Department of Health and Hospitals (DHH) has overall responsibility for the Louisiana Medicaid Management Information System (LMMIS). We also understand all the requirements that support each technical area. Our understanding of these requirements and our experience in meeting them are evidenced by our responses to each technical area.

PROGRAM AREA: Technical Requirements

REFERENCE NUMBER: 2.1

TECHNICAL REQUIREMENT AREA: Technical Requirements-Introduction

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PROGRAM AREA: Technical Requirements

REFERENCE NUMBER: 2.2

TECHNICAL REQUIREMENT AREA: Technical Requirements-Overall Department Responsibilities

2.2 Overall Department Responsibilities

Unisys acknowledges the Department responsibilities outlined in Section 2.2 of the SFP.

PROGRAM AREA: Technical Requirements

REFERENCE NUMBER: 2.2

TECHNICAL REQUIREMENT AREA: Technical Requirements-Overall Department Responsibilities

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PROGRAM AREA: Technical Requirements

REFERENCE NUMBER: 2.3

TECHNICAL REQUIREMENT AREA: Technical Requirements-Organization of Contractor Responsibilities

2.3 Organization of Contractor Responsibilities

Unisys acknowledges all technical requirements and the areas to which the State has organized them. We understand all the enhancements must be made to our current systems, and we are proposing adequate staffing levels in order to meet and exceed the development and implementation of required enhancements. Unisys will follow the State-outlined organization of duties in its responses to the SFP.

PROGRAM AREA: Technical Requirements

REFERENCE NUMBER: 2.3

TECHNICAL REQUIREMENT AREA: Technical Requirements-Organization of Contractor Responsibilities

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PROGRAM AREA: Technical Requirements

REFERENCE NUMBER: 2.4

TECHNICAL REQUIREMENT AREA: Contractor Administration Requirements

2.4 Contractor Administration Requirements

As the current fiscal intermediary for the Louisiana Medicaid Program, Unisys understands its role in the administration of the new contract. We bring over 20 years of experience in supporting the Department of Health and Hospitals, and we look forward to continuing this productive partnership with the State. In this section, we describe the elements that contribute to our continued success as the Medicaid fiscal intermediary. We present our administrative organization, detail our extensive experience in Medicaid processing, and renew our commitment to DHH policy compliance. We commit to working closely with the State to continue to operate the LMMIS and to implement specified enhancements in a manner that ensures continuity of all services to the provider and recipient communities.

One of the major risks the State faces with the selection of a new contractor is the loss of domain knowledge of the LMMIS subsystems and operations. Selecting Unisys for the next contract period ensures that this knowledge base is protected and built upon as changes occur in the Louisiana healthcare environment. We will draw upon this knowledge to assist the State in attaining its goals for improvements in Managed Care, for the efficient operation of an enhanced MMIS, and for the migration to a relational database management system. Only Unisys can offer this critical continuity and consistency to DHH. Our dedicated approach to administering the LMMIS contract is based upon:

- Continued commitment to meeting contractual obligations
- Dedicated, qualified staff in an effective organization
- Extensive Medicaid processing experience
- Advanced and innovative technologies that meet or exceed DHH requirements.

Unisys has a history of administering and controlling successful Medicaid and managed care projects in several states. We have successfully managed takeovers, implementations, operations, and major enhancements through sound planning, effective project management, proven control processes, automated tools, and highly trained staff. Unisys contract administration approach for the Louisiana Medicaid Program melds our knowledge of the State's Medicaid program with SFP requirements, industry standards, and federal and state regulations. We realize that effective administration of a major MMIS project requires proven experience and attention to every detail, from production, to people, to paper. We consider all these elements in our management approach for the LMMIS.

Underlying our effort is the strong working partnership we have developed with the State of Louisiana. DHH is the acknowledged expert on the Louisiana Medicaid Program and the provider and recipient communities it serves. Our objective is to assist DHH in ensuring that the MMIS fully meets the needs of Louisiana.

2.4.1 Introduction

Unisys acknowledges the Contractor Administration Requirements as stated in the SFP. Unisys will continue to meet these requirements according to established procedures and in a manner that ensures smooth, uninterrupted processing

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(1)

TECHNICAL REQUIREMENT AREA: General Requirements-Organizational Structure

2.4.2 General Requirements

Maintaining a successful operating system that adapts to the changing Louisiana healthcare environment is key to the success of the LMMIS project. Our commitment to the successful performance of these functions is supported in the following response to each of the itemized SFP responsibilities listed in this section.

2.4.2(1) Organizational Structure

Our two decades of experience with the Louisiana Medicaid Program has allowed us to propose an organizational structure that makes optimal use of the talents and knowledge of our resident staff. We are organized to provide quick, efficient service to DHH. Each major functional area has a span of control that addresses the requirements of the SFP and is managed by a Unisys staff member experienced in Louisiana Medicaid. **Figure 2-1, Unisys Louisiana Medicaid Organization**, illustrates our proposed overall organizational approach. As shown on the chart, we identify all managerial and supervisory personnel and list staffing numbers.

Our organization structure requires the involvement and contribution of our most experienced personnel at all times. Each functional area has defined responsibilities and goals, and is managed by an individual who has built a rapport with the State. The structure has proven successful, and we believe it will continue to facilitate and enhance communications with DHH.

We have included job descriptions for each position shown on the organizational chart, in the required format, in Appendix C in Volume 2 of this proposal. Detailed information on our proposed key personnel is contained in Proposal Section 2.4.3.

FUNCTION DESCRIPTION

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(1)

TECHNICAL REQUIREMENT AREA: General Requirements-Organizational Structure

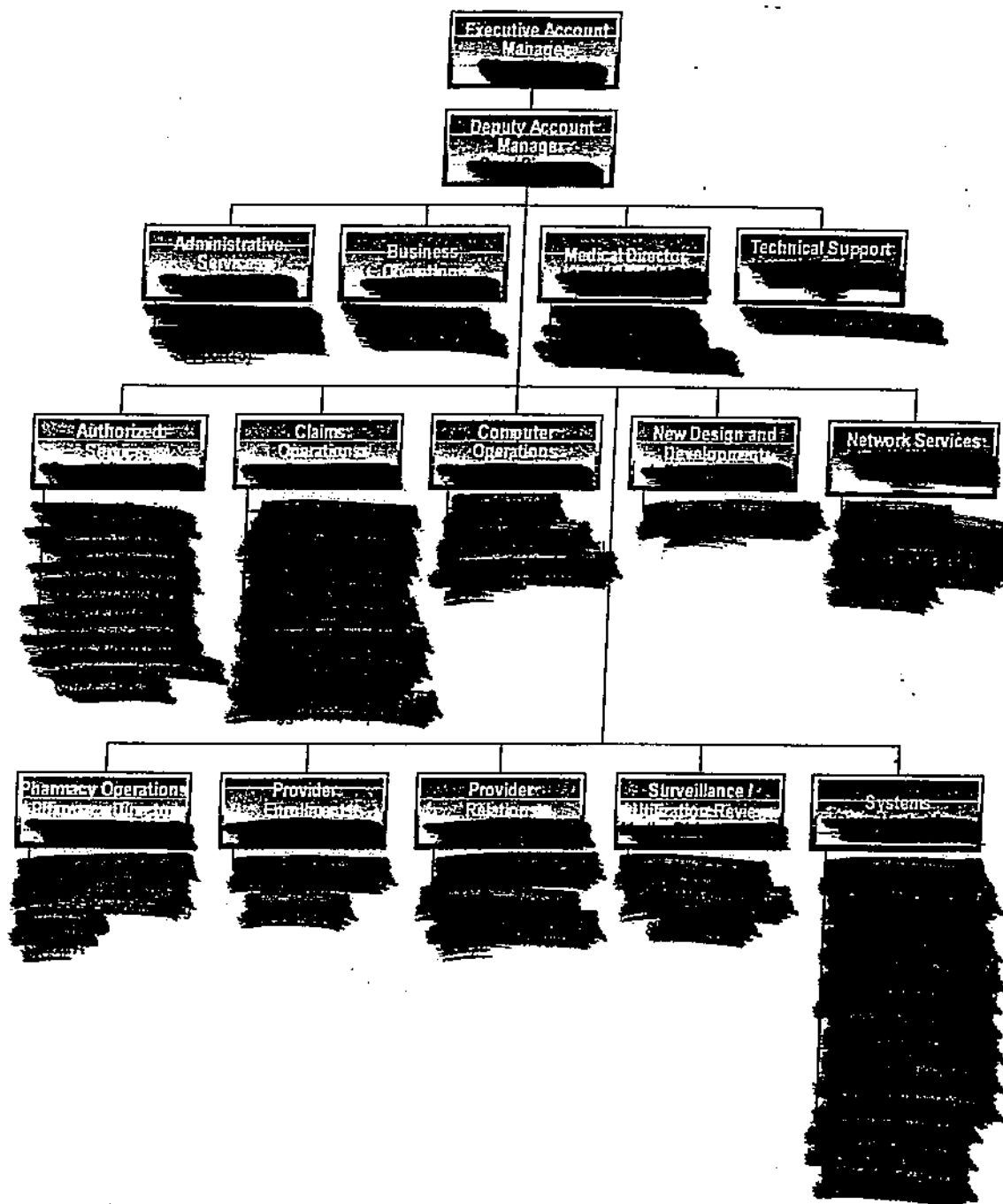


Figure 2-1, Unisys Louisiana Medicaid Organization

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

2.4.2(2) Operations Experience

Unisys has been providing services and solutions to government healthcare payers for over 26 years. Specifically, we have provided application development, implementation, maintenance, enhancements; claims operations; data center services; professional services; and program management support to the Medicaid market since 1977. To better react to market changes and more quickly respond to client requirements, Unisys established our Health Information Management Practice to focus solely on the information technology needs of our healthcare clients. In the past few years, we have significantly invested in new technologies that support traditional mainframe-based MMIS solutions as well as emerging technology. We have offered our clients business-process improvement through the intelligent deployment of new technologies and their supporting systems, such as Health PAS—our proposed solution for DHH in 2007.

Unisys has established a reputation for developing strong partnerships and excellent working relationships with our clients. A letter of reference attesting to our performance appears at the end of this section.

MMIS and Other Relevant Healthcare Claims Processing Systems

Today, Unisys provides Medicaid systems and full fiscal agent services to Louisiana, Kentucky, and New Jersey. In Massachusetts, Unisys performs provider services, including claim data capture (paper/EMC), imaging, provider enrollment, provider training, and provider call centers. We were awarded the West Virginia Medicaid Fiscal Agent Services contract in April 2003; operations are expected to begin in early 2004.

In 2002, Unisys Medicaid operations accomplished the following:

- Processed more than 246 million government health claims
- Served 249,000 healthcare providers and 4.9 million beneficiaries
- Issued more than \$21 billion in payments
- Responded to 1.4 million telephone and written inquiries
- Employed 1,200 skilled, motivated professionals dedicated to MMIS solutions, and staff in five technical development centers.

Unisys has partnered with our Medicaid clients and other states to apply strategic business-process services and information technology to the development, implementation, enhancement, maintenance, and operation of robust systems for the evolving Medicaid field. Our experience provides the foundation for our expertise in the following critical areas:

- Operation and maintenance of each Medicaid subsystem
 - Claims administration
 - Pharmacy point-of-sale system and services
 - Support services for drug rebate programs
 - Decision support systems and data warehousing
-

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

- Provider services, including enrollment, call center, and field representatives
- Establishment of programs to detect fraud and abuse
- Web portals for fingertip access to information at the desktop
- Coordination of benefits among different coverage programs
- Report production
- Deployment of computer output to laser disk (COLD) technology
- System enhancements to satisfy new requirements.

Unisys has also provided a variety of Medicaid support functions, such as documentation, training, monitoring, and provider auditing. We have integrated quality assurance procedures into our day-to-day operations and have successfully assisted in obtaining and maintaining MMIS certification in all of our programs. This hands-on knowledge of all aspects of the Medicaid field, combined with our understanding of strategic services and technology expertise, demonstrates Unisys ability to meet the Department's MMIS operational and system requirements efficiently and effectively.

In addition to providing Medicaid services and solutions, Unisys also supports managed care initiatives in Louisiana, Kentucky, and New Jersey. Other support activities include medical services management, service authorization, fraud and abuse detection services, development and maintenance of provider Web portals, provider certification, call center operations, and hospital pre-certification programs.

Implementation and System Maintenance of Medicaid Systems

As one of the world's largest systems integrators, Unisys is a recognized leader in supporting large-scale data processing requirements. Since entering the Medicaid market, we have performed 18 successful implementations, and we have consistently delivered in accordance with our contractual obligations. Our current Medicaid contracts in Louisiana, Kentucky, and New Jersey represent large-scale data processing system takeover, enhancement and modification, implementation, operation, and maintenance projects.

Unisys maintains the MMIS at each of our Medicaid project sites, and each system has achieved federal certification. Our MMIS maintenance activities are characterized by the diverse and robust system enhancements and process improvements that we have implemented over the years in response to clients' unique processing needs and myriad changes occurring in state Medicaid programs. These timely and effective system and process enhancements have often led to tangible cost savings and benefits. For example:

- During our tenure as the Medicaid fiscal agent for Louisiana, Unisys has teamed with the State to complete thousands of enhancement and modification tasks. Significant among them are the following:
 - Unisys supported the development of a hospital pre-certification and admission system that saved the State millions of dollars since its implementation. Unisys was able to develop the program; hire, train, and deploy staff; and achieve full production in only a few months. Our services led to better utilization of scarce State resources, improved provider satisfaction due to the consistency of determination decisions, and streamlined the beneficiary/provider experience with the Medicaid program.

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

-
- Unisys implemented data warehouse capabilities that allowed the State to reduce annual reporting costs by \$1 million and produce ad hoc reports in 24 hours. The data warehouse has dramatically reduced the time and effort necessary to research Medicaid issues and trends and has furnished immediate access to information to improve program planning and design. By offloading processing from the mainframe, the data warehouse manages data more quickly, and produces annual savings of approximately \$500,000 in mainframe operation costs.
 - Unisys implemented a server-based drug rebate system that automatically tracks invoices and the collection of rebates from pharmaceutical manufacturers and labelers. It also calculates the manufacturer's rebate to the Louisiana Medicaid program based on the Medicaid drug dispensed during a quarter of the year, enabling the recovery of millions of dollars each quarter.
 - Unisys recently implemented a peer-based profiling program that is expected to help Louisiana save \$2.6 million annually. Using reports generated from the data warehouse that compare prescription patterns of individual physicians, pharmacy and medical specialists can analyze information to find anomalies in the rates at which physicians dispense prescriptions to their Medicaid patients. Through this focused, one-on-one approach, Louisiana Medicaid can manage expenses by reducing unnecessary prescriptions.
 - Since becoming Kentucky's Medicaid fiscal agent in 1995, Unisys has implemented hundreds of new features and functionality, including the following:
 - Unisys developed and implemented an imaging system that provides desktop retrieval of images, automated workflow of objects between Unisys and the Commonwealth, automated workflow between the imaging system and our mainframe (thereby reducing manual data entry), the ability to add working notes to the electronic image and retain that information, the ability to retrieve data by a variety of indices (facilitating research), the capability to develop and maintain electronic folders of provider data, and the ability for enhanced disaster recovery. The system, which we implemented in 6 months, scans 15,000 to 18,000 documents a day, reducing paperwork, streamlining processes, and increasing productivity.
 - Unisys developed and implemented a Web-enabled presumptive eligibility program for expectant mothers. Under this program, pregnant women can visit a physician's office, and through a Web-enabled application, be determined eligible for medical assistance benefits in 1 hour. This enables approved eligible expectant mothers to receive appropriate prenatal care, including prenatal vitamins, immediately following eligibility determination. This program has eliminated the excessive time historically needed to determine eligibility for expectant mothers and is expected to lead to improved health status for newborns in Kentucky.
 - For the past 14 years, the State of New Jersey has awarded more than \$20 million of sole source MMIS enhancement projects to Unisys. This extensive list of system and program improvements includes the following:
-

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

-
- Unisys developed and implemented a website for the state and provider community to disseminate policy information, newsletters, remittance advices, and other material. This capability increased the availability of information and reduced distribution expenses.
 - Unisys established an integrated test facility that permits full MMIS cycle testing by an independent testing organization before installation of enhanced software in the MMIS production environment. This controlled, mirror image of the production environment provides a forum to evaluate the potential impact of system and policy changes on all system components, including performance and integration characteristics, before implementation. This helps mitigate the risks of project schedule and cost.
 - In response to a Unisys initiative, the State of New Jersey hired Unisys to implement a post payment pharmacy review program. This program focuses on compounded prescriptions and provider billing/filing patterns. According to the analysis performed by Unisys staff, the state is saving millions of dollars a year in program dollars after all review expenses.
 - In 2001, Unisys created a Fraud and Abuse Unit to help verify that the Medicaid payments made to healthcare providers go only to legitimate claims. A primary method used in detecting questionable practices is examining data in the state's MMIS, employing pattern recognition and decision support strategies. Since implementation, the unit has assisted the FBI and various divisions of the State of New Jersey, including the Bureau of Program Integrity, Criminal Justice, and the Department of Health and Senior Services. To date, recoveries for the state have been significant—the estimated cost avoidance/savings in the first year was about \$3.5 million, which increased to about \$11.1 million in 2002.

Fiscal Agent Operations

As an experienced Medicaid fiscal agent, Unisys has provided a combination of the following integrated business process services for our Medicaid clients:

- **Member enrollment and service coordination.** Tracking and maintenance of member eligibility; selection, tracking, and maintenance of primary-care physicians; and production of member ID cards
 - **Provider enrollment services.** Provider training (formal classroom and web-based), on-site visits, manuals, and bulletins; processing of provider applications, date changes, and inquiries; administration of pricing schedules; and maintenance of enrollment documentation
 - **Provider education services.** Seminars, field visits, newsletters, bulletins, and billing instructions
 - **Management of referrals and pre-authorizations.** Capture, maintenance, and tracking of member and provider case-management events and activities
 - **Claims administration services.** Claims receipt, imaging, OCR, data entry, error resolution, medical review processes, and third-party liability processes; real-time adjudication, including processing of pharmacy claims and prospective drug utilization review; claims payment; and drug rebate processing. Claims processing is enhanced through the promotion of electronic claims
-

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

submission capabilities; implementation of automated solutions, such as the Optical Assisted Data Entry System (OADES), which supports multi-platform data entry through key-from-image and optical character recognition; and the application of automated workflow management to control daily workload.

- **Utilization management services.** Billing issue identification, including overpayments and incorrect billing practices; identification and development of fraud and abuse cases; and development and operation of decision support system and data warehouses
- **Financial management services.** Financial reporting, production and distribution of statements and checks, maintenance of accounts receivable, and adjustment processing
- **Reporting capabilities.** Production and distribution of explanation of payment/explanation of benefits notices; creation of ad hoc reports; management administrative reporting; and generation and distribution of daily, weekly, monthly, quarterly, and annual reports
- **Call center management.** Fast, efficient management of customer questions and issues; imaging and workflow technologies to support call center staff
- **Internet support services.** Support for provider/member self-service capabilities
- **Operations and system management.** Application hosting; proactive monitoring of all critical infrastructure components; application maintenance and enhancement; help desk support 24 hours a day, 7 days a week.

Placement within Corporate Structure

The Unisys Health Information Management Practice, led by Paul Kruelle, Vice President and General Manager, will have corporate ownership and oversight responsibility for the Louisiana Medicaid account. **Figure 2-6, Unisys Corporate Structure**, shows the placement of the Health Information Management Practice and the Louisiana Medicaid account within our corporate structure.

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

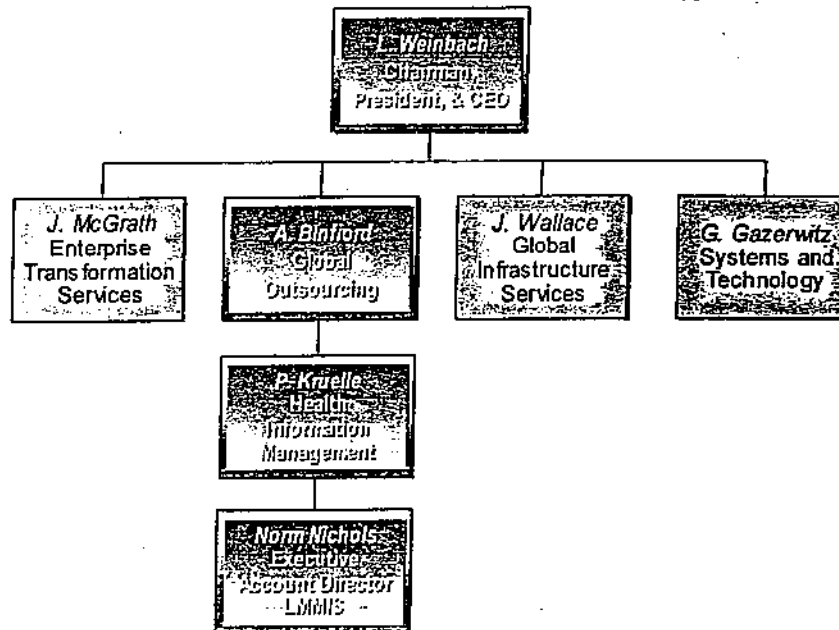


Figure 2.6, Unisys Corporate Structure

In addition to responsibility for all of our Medicaid account operations, the HIM Practice consists of personnel with specialized skills that are available to support our healthcare business. These corporate resources will be available to support the Louisiana project.

- Medicaid Implementation and Operations.** These personnel interact with both client and Unisys project management staff to develop and implement procedures to support successful project startup and ongoing operations. This group aids in identifying business and resource requirements, determining the best methods for meeting those requirements, and implementing the solutions. This group includes seasoned professionals experienced in:
- Medicaid Solution Engineering.** This group is available to assist our Medicaid programs with software architecture, design, coding, system testing, and maintenance of systems and is responsible for the architecture, design, testing and maintenance of the Unisys Health PAS solution. This team works closely with Unisys account managers and other business units to obtain and assess client input about needed or desired functionality to support key business functions. This input is a key component in determining the features and functions Unisys adds to our Medicaid product offerings.
- Medicaid Technical Support.** This group works hand in hand with Unisys project sites and the Operations business unit to provide expertise, assistance, and guidance on various aspects of the technical mechanics of our Medicaid solutions, including how best to configure Health PAS to meet client requirements; analyzing, mapping, importing, and managing customer data across our entire Medicaid product suite; translating customer healthcare business rules and data into a

FUNCTION DESCRIPTION

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

useable form; and developing and maintaining required report templates and definitions, as needed.

- **Business Development.** This group analyzes and responds to new business opportunities and strengthens business relations with the client base. These professionals work closely with Unisys account managers and client staff to get a clear understanding of project operations and status after implementation, and discuss and implement ways to best communicate and demonstrate the successes of our clients' system implementations to other states, industry associations, consultants, and other Unisys divisions—another way in which we maintain visibility and positive press throughout Unisys and the public for our clients.

Our Louisiana contract is especially important to us: we view Louisiana in a special light having served as the Medicaid fiscal intermediary for the last 20 years. We have the experience, staff, and proven system to provide the right MMIS solution. We welcome the opportunity to work hand-in-hand with the State in a progressive environment to enhance the LMMIS in such a manner to facilitate both fee-for-service and managed care models. We understand Louisiana's agenda for basic affordable health care for its needy citizens and the challenges the State faces.

Throughout this proposal, we demonstrate that we will deliver well-designed, practical, proven, and stable solutions. We also show that we have the corporate technology base needed to elevate the Louisiana Medicaid Program to a new level for health care administration and delivery. At Unisys, we believe that our main purpose is to make our customers as successful as possible. Unisys looks forward to providing DHH with a renewed focus on quality service and cooperation with the State's evolving Medicaid program.

Experience With Large-Scale Medicaid Processing System Takeover and Operation

Unisys has demonstrated a superior record in supporting large-scale data processing requirements and in providing MMIS services for state Medicaid programs. We have a proven performance record through a

PROGRAM AREA: Contractor Administration Requirements

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TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

number of successful MMIS takeovers and transfers. Since entering the information technology and services field, Unisys has cultivated expertise in project management, system transfer and takeover, MMIS development, operation and modification, and managed care. We believe that our takeover and transition experience are particularly relevant to our proposal for the State of Louisiana, and we present our experience here as requested by the SFP. Our experience will provide DHH with solutions to existing needs, ideas for more effective processes, superior ongoing service, and a truly seamless transition to enhanced system capabilities.

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

State of Louisiana, Department of Health and Hospitals		
Louisiana Medicaid Fiscal Agent Services		
Unisys Role: Prime Contractor		
Comments: As prime contractor, Unisys is responsible for the takeover, implementation, operation, and maintenance of the State's MMIS, and for providing a full range of administrative services. We also operate, support, maintain and enhance the MMIS including imaging, graphical user interface (GUI), DSS/ad hoc reporting, local LAN and desktops.		
Project involves claims processing for:		
<input checked="" type="checkbox"/> Medicaid		<input checked="" type="checkbox"/> Medicare
Comments: In addition to Medicaid, we interact with 5 Medicare crossover-trading partners – Medicare Part A Intermediaries and Medicare Part B Carriers.		
Contract Size:		
Beneficiaries – 785,000	Claims Amount Paid Per Year - \$3.9 Billion	Providers – 26,500
Unisys performs the following tasks:		
<p>Claims Processing – Unisys processes approximately 50 million claims annually for Louisiana's Medicaid Program. This includes approximately eight million Medicare crossover claims. We provide electronic submission capabilities for all claim types and have worked closely with Louisiana to increase electronic media claims (EMC) submissions to 86%. We are responsible for the traditional areas of claims processing from claims receipt to final adjudication, check remittance production and mailing, adjustment processing, reporting, and provider enrollment and reimbursement.</p> <p>Provider Relations Services - Unisys Provider Relations Unit trains providers, answers provider inquiries, and produces and distributes manuals, addenda, enrollment packets, and policy notices. Our staff helps identify problems, assists in their resolution, and reports the results to providers and the State. They also work closely with the State to coordinate policy and procedure changes, develop and conduct provider workshops, and respond to provider requests. Other activities include field visits, help desk support, correspondence processing, and provider communications through newsletters and a website. The Provider Relations Unit also actively surveys non-EMC providers and discusses the benefits of electronic claims submission during annual provider training. In 2002, our Provider Relations activities produced the following impressive results:</p> <ul style="list-style-type: none"> • Over 4,300 requests for manuals handled • Forty (40) mailings of bulletins/newsletters • Over 1,300 field visits • Training seminars in 12 locations supporting 6,223 attendees • Response to over 300,000 phone inquiries, and 25,000 written inquiries <p>Unisys also implemented an innovative web-enabled program for providers. The online system pulls information from the claims payment data and allows providers (with appropriate security features) to review their individual patient's information. Providers can access information on patient enrollment, detailed clinical drug history, outpatient procedures, ancillary services, emergency room services, EPSDT visits, specialists services, lab and X-ray services and inpatient services. Providers also have the ability to add "print-friendly" clinical notes for their office charts as well as to perform electronic referral authorizations online. The website also includes program information, manuals, and additional resources. It also provides the Department with the ability to conduct online surveys of participating physicians. The system is available 24 hours a day and is updated daily.</p> <p>Prior Approval Services - Unisys implemented a prior approval system that provides the capability to review prior payments for specific high-dollar and long-term therapy. We also enhanced the MMIS with a pharmacy prior approval system that focuses on providing prior approval to practitioners based on a recipient's care. The purpose is to change prescribing behavior, encourage appropriate use of medication, and contain program costs.</p>		

FUNCTION DESCRIPTION

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

State of Louisiana, Department of Health and Hospitals

Louisiana Medicaid Fiscal Agent Services

Drug Rebate Services – Unisys and the state (through the University of New Orleans) work together to provide drug rebate services. Unisys provides the system enabling the state's compliance with the CMS mandated drug rebate program requirements. The system generates reports in the standard format; reports are due 60 days after the end of each quarter. In addition, the drug rebate system provides additional reporting for Louisiana's supplemental rebate program.

To help meet Louisiana Medicaid's rising drug costs, Unisys developed a Medicaid Peer-Based Prescriber Practitioner Report. This report is a data sharing and educational resource tool that provides to practitioners information about their prescribing patterns. It provides recipient demographic, practice ratios (Rx Cost/Prescription and Rx Cost/ Recipient), drug classes ranked by RX volumes and cost. It provides each provider with a comparison of his or her practice ratio as compared to his or her peer average group.

Point-of-Sale Processing and Support Services – Unisys processes paper and electronic batch POS transactions. The POS transaction process occurs within six seconds. Approximately 13.5 million prescriptions per year are processed through the POS system. Unisys supports the POS process with a help desk that supports providers. When not helping a provider with an immediate need, the Unisys help desk staff proactively review exception reports to identify and contact pharmacies with potential input issues to effect streamlined processes and to help ensure providers are satisfied with the POS process.

Provider Payment Issuance and Financial Management - Unisys financial unit recoups overpayments per the state's request (the state owns their own bank account). Although the majority of provider payments are EFTs, we also mail checks, as well as the remittance advices.

Other – Unisys also provides other Fiscal Agent services including the following:

Medicaid Policy Management and Utilization Review. In support of the state's managed care initiatives, Unisys assisted with policy development and implementation of a rural primary care case management program.

In the area of drug utilization review (DUR), Unisys systems support University of Louisiana staff in performing authorization functions. The systems provide functionality for compliance monitoring (early and late refill), ingredient duplication, therapeutic duplication, drug-to-drug interaction, pregnancy precautions, breast feeding precautions, dosing precautions, duration of therapy (DOT), user specified dosing options, severity level override, event severity ranking capabilities, and a web user interface for screening parameters. For retrospective DUR, University and Medicaid healthcare experts and Unisys meet to review under and over utilization, adverse drug reactions, expenditure reduction methods and to improve the quality of pharmaceutical care delivered to patients.

TPL Activities. Unisys installed Third Party Liability (TPL) enhancements that provide an automated mechanism for cost avoidance and retroactive coverage recoupments, using claim and other coverage information stored in a TPL resource file that determines other sources of payment responsibility. We also provide TPL coding, tracking, and recovery for the MMIS. We also added estate recovery to the TPL functionality. The total recoveries amount for 2002 was approximately \$5.9 million, and the total cost avoidance was approximately \$520 million.

Managed Care. Unisys has participated in a number of value-added managed care initiatives. In the 1990s, the state included Unisys in a task force that evaluated the effects of transition to a managed care structure. Activities of the task force included the study and analysis of the architecture of managed care programs and the development of Section 1115 waiver applications. Unisys supported the conduct of targeted studies of program access, cost, and quality and subsequently assisted with policy development and implementation of CommunityCARE, a rural primary care case management program that was authorized through a managed care waiver. Today, CommunityCARE is being implemented statewide. Unisys also furnishes systems support, and enrolls, trains and assists providers.

Pharmacy Benefits Management. Through its Pharmacy Benefits Management unit, Louisiana contracts several administrative functions of the prescription drug program to Unisys. These pharmacy-related services include the following:

- a) Pharmacy claim processing through an online, real-time process point-of-sale system
- b) Retrospective drug utilization review
- c) Prospective drug utilization review

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

State of Louisiana, Department of Health and Hospitals

Louisiana Medicaid Fiscal Agent Services

- d) Disease state management initiatives
- e) Educational brochures—disease-state specific (prescriber and pharmacy)
- f) Educational brochures—disease-state specific (recipient)
- g) Educational articles—provider update newsletter
- h) Lock-In Program (1,800 recipients)
- i) Coordination of the drug utilization review board
- j) Monitoring of post-payment services to pharmacies by the surveillance and utilization review panel
- k) Louisiana Pharmacy Rebate Information Management System
- l) Support for the pharmacy prior authorization program

Unisys overall responsibilities:

In April 1983, Unisys began a seven-month takeover and enhancement of Louisiana's existing MMIS base system. We assumed fiscal agent responsibilities and enhanced the data warehouse with millions of lines of data. During the implementation period, Unisys designed and installed a new front-end system for data entry and operation of the remote job entry program. We instituted and tested quality control programs, and redesigned claims forms to meet new requirements. We successfully worked with the state to obtain CMS certification of the MMIS in 1984; it remains certified to this date. The activities associated with the original and current contracts (including amendments) were completed on time and within budget.

Technical environment (key technologies used, operating platform, etc.):

The Louisiana MMIS operates in a client/server environment on Windows 2000 and Windows NT. The Windows platforms provide the user interface to an Amdahl mainframe with OS 390 operating system software. The Windows platform provides additional flexibility and functionality when users access reports and derive statistics using COTS software such as Microsoft SQL 7, Microsoft SQL 2000, SAS 7, and FileNet for imaging. The UNIX platform is used to provide secure dial-in communication and batch processing.

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

Commonwealth of Kentucky, Department for Medicaid Services
Kentucky Medicaid Fiscal Agent Services
Unisys Role: Prime Contractor

As prime contractor, Unisys furnishes the full range of Medicaid fiscal agent and MMIS services to the Commonwealth of Kentucky including takeover, operation and modification of the existing MMIS and providing administrative support services. Administrative support services include imaging, graphical user interface (GUI), DSS/ad hoc reporting, local LAN, Commonwealth-based LAN, and desktops. We also provide data center services and WAN network management.

Project involves claims processing for:

X Medicaid X Medicare

Comments: In addition to Medicaid, we interact with 5 Medicare crossover-trading partners – Medicare Part A Intermediaries and Medicare Part B Carriers – to establish relationships, test file formats, and refine the crossover process.

Contract Size:

Beneficiaries – 625,000 Claims Amount Paid Per Year - \$3 Billion Providers – 57,000

Unisys performs the following tasks:

Claims Processing – Historically, Unisys processes an average of over 45 million claims annually; 54 million in 2003 alone. Claims processed include 1.2 million Medicare crossover claims of which we receive 95% electronically. The Kentucky MMIS supports multiple program plans (including managed care, fee-for-service, and waiver programs), and claim types (including professional, institutional, dental, and pharmacy). Unisys personnel process more than 2 million claims each month through scanning claims, keying from images, using optical character resolution, electronic claims receipt and pharmacy point-of-sale (POS). Claims history data is stored for up to five years for ad hoc reporting and graphic data displays. A claims processing assessment system verifies that the MMIS is processing claims correctly.

Provider Relations Services - In 1999, the Commonwealth tasked Unisys with transferring and operating the provider enrollment function, previously operated by the state. Unisys staff carefully evaluated the processes used by Kentucky to recruit and manage providers in the Medicaid program. Our analysis revealed a number of process improvements which, when combined with the implementation of Unisys Provider Encounter Tracking System (PETS), enabled the provider enrollment process to occur within days rather than months. At the same time, the staff needed to perform enrollment functions was reduced by approximately 40 percent. Since improving the provider enrollment process, provider participation in the medical assistance program has grown consistently.

Unisys also staffs a customer service call center for provider inquiries and offers provider seminars and individual provider site visits to improve provider understanding of billing procedures. We also design, write and produce informational materials for all prospective providers. Unisys is responsible for maintenance, security, and operation of the provider programs and files, including updating current certification, licensing, and provider status as well as online provider inquiry access. Unisys updates in excess of 200 provider files weekly, and responds to more than 354,000 provider inquiries per year.

We also provide an automated voice response (AVR) system for providers to use to check recipient eligibility. Using a toll-free number (24 hours a day, 7 days a week), providers access a dedicated server that houses current recipient eligibility. The inquirer submits key data and the AVR system returns segments of eligibility for the dates of service requested.

Prior Approval Services - Unisys provides a prior approval process for pharmacy and orthodontic services. This function is staffed through a mixture of Registered Nurses and clerical staff. Following federal and Commonwealth guidelines, Unisys reviews each prior approval request and approves or denies the services. Unisys completes approximately 200,000 prior approval requests each year.

Drug Rebate Services - Unisys prepares and mails rebate billings to drug manufacturers on a quarterly basis. When a payment is received from a manufacturer, Unisys staff posts the payment to the appropriate national drug codes (NDCs). There are in excess of 100 manufacturers with a rebate agreement in the Commonwealth.

Point-of-Sale Processing and Support Services - The POS function accommodates individual pharmacy providers and

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

Commonwealth of Kentucky, Department for Medicaid Services**Kentucky Medicaid Fiscal Agent Services**

switch vendors. Approximately 65,000 pharmacy POS claims are received on a daily basis. As a claim is adjudicated, it passes through a series of edits and audits, including drug utilization routines, and payment information is passed back to the provider. Per Commonwealth requirements, the pharmacy POS transaction process occurs within six seconds.

Provider Payment Issuance and Financial Management - Unisys provides a variety of financial services on behalf of the Department. This includes receiving and posting provider overpayments (both voluntary and involuntary); providing reports against monies collected and due to the Commonwealth; and identifying and completing claims adjustments. To pay providers, the following steps are taken: (1) the MMIS transmits payment information to the Commonwealth's Treasury Cabinet, (2) the Treasury Cabinet cuts the checks, (3) Unisys picks the checks up from Treasury, matches them to the Remittance Advice, and mails the checks to the appropriate providers.

Other - Unisys also provides other Fiscal Agent services including the following:

Medicaid Policy Management and Utilization Review. In 2002, Unisys provided services to the Commonwealth of Kentucky to reconcile the latest policy changes against manual and system processes. Unisys reviewed more than 60 processes and 500 claim processing edits to verify that the most current policies were incorporated into processing. Unisys conducted an interview process that enabled Department for Medicaid Services staff to identify multiple cost saving measures. The Department considered this project successful and has designated a special team to continue this effort. Utilization review is accomplished through a series of edits and audits that reside within the MMIS. Lifetime procedures, multiple services, and services requiring second level review are identified through automation and resolved either systematically or manually.

TPL Activities. Unisys is responsible for a variety of TPL-related activities including identifying potential third-party liability by either claim data or an inquiry response, establishing and maintaining third-party payee information for each applicable recipient, responding to attorney cases or information requests, coordinating recovery efforts and posting money with the Department for Medicaid Services and its contractor for recovery, generating questionnaires to recipients to seek the most up-to-date TPL information, producing reports that demonstrates the success of TPL efforts, and responding to Department inquiries on TPL recovery cases.

Reporting Support Services. Unisys supplies full-time analysts to work with Commonwealth users to query the data repository and produce reports that analyze aberrant provider or beneficiary behavior, as well as reports that profile program characteristics such as expenditures, use, outcomes, and quality of care.

Unisys overall responsibilities:

Upon initial contract award in January 1995, we began to modify and enhance the MMIS base system from the State of Florida to accommodate the specific needs of Kentucky. Unisys successfully met the aggressive 11-month implementation schedule (compounded by unexpected delays in requirements definition and data conversion), by using supplemental staff, instituting new work processes and performance metrics, and correcting system problems. Although the implementation schedule was very ambitious for a project of this magnitude, we implemented the desired system, brought production units up to the required performance levels, and obtained federal certification for the system as scheduled in late 1997, retroactive to 1996. Certification remains constant.

In March 1996, we initiated major system changes to support Kentucky Managed Health Care Program activities, including medical services management, service authorization, fraud and abuse detection services, consumer web portal development and maintenance, provider certification, call center operations, and hospital pre-certification programs. We also modified the MMIS to produce daily eligibility updates to the active regional partnerships through direct computer links. To perform quality management, we evaluate and report our performance in each mission-critical department and area by using a monthly performance report card system with internal performance requirements jointly determined for each department and function by the Commonwealth and Unisys.

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

Commonwealth of Kentucky, Department for Medicaid Services

Kentucky Medicaid Fiscal Agent Services

In 2002, the Kentucky Department for Medicaid Services became our first client to elect to implement and operate the Unisys COTS-based client/server Health PAS solution as the Commonwealth's HIPAA-compliant replacement for its legacy MMIS. This solution enables the Department to significantly enhance its Medicaid program administration by availing itself of the benefits and capabilities afforded by current technology and the assurance that future technology may be integrated with the MMIS to maintain that currency. Modification and conversion activities are currently under way with a scheduled implementation date of early 2004.

Technical environment (key technologies used, operating platform, etc.):

The mainframe environment consists of an Amdahl model GS2015C running on one installed CMOS processor. The operating system is OS/390 V2.7 with CICS/TS1.3. Production currently uses 130 3390 mod 3 disk drives for a total of 364 GB; tape drives are 3480 and 3490 models using ATLS. We run two production CICS regions for point-of-sale and file maintenance and inquiry. Compaq servers and Dell workstations are also used, along with the hardware and software noted in the aforementioned functions. The Unisys Data Center in Salt Lake City supports the Kentucky MMIS implementation and operations with computer and communications resources, POS processing, and full backup and recovery.

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

Commonwealth of Massachusetts, Division of Medical Assistance

Massachusetts Medicaid Claims Capture and Provider Services

Unisys Role: Prime Contractor

Unisys has served as a Massachusetts Medicaid business process-outsourcing provider since 1982. We have won two consecutive procurements.

Project involves claims processing for:

X Medicaid

Medicare

The Massachusetts Medicaid and Children's Health Insurance Program (CHIP) are combined into one program called MassHealth.

Contract Size:

Beneficiaries - 1 million

Claims Amount Paid Per Year - \$5.9 billion

Providers - 49,500

Unisys performs the following tasks:

Provider Relations Services - Unisys provides data capture for both paper and electronic claims, a provider call center/help desk, provider enrollment and credentialing, provider publications, provider website, provider training, and claims resolution under this contract.

Other - Unisys also provides other services including the following:

Imaging/Document Retrieval Services. Unisys operates an imaging application that is integrated with two key business processes: an OCR-assisted data entry system in which we image approximately 50,000 documents each day, and an image-enabled workflow application, the Provider Enrollment Tracking System, that is used to process and track provider enrollment applications, as well as perform provider file update. In both processes, images are stored on optical platters in a jukebox and retrieved through FileNet and custom image retrieval applications.

Provider Claims Submission Pilot. To encourage an overall reduction in paper processing, Unisys has implemented a self-contained electronic provider claims submission software (PCSS) package customized to enable MassHealth providers to generate HIPAA-compliant 837 dental, institutional and professional claim transactions and to review a report on the health-care claim payment advice transactions (835) received. PCSS is a direct data entry solution that requires a windows-based environment and is ideal for smaller providers as an alternative to paper. Features of the PCSS include: claims editing to minimize rejected claims, automatic code validation (such as diagnosis and procedure), and context-sensitive pop-up selection lists to speed claim entry and promote accuracy.

Managed Care. Unisys designed, developed, and implemented a complete managed care subsystem that has been used since January 1993 to enroll more than 400,000 Medicaid recipients into the MassHealth Managed Care Program. We instituted specially constructed support data and recipient data controls to prevent payment to providers not authorized to render care to recipients covered by other managed care entities. The system also produces files used by the Commonwealth to notify recipients about all aspects of the enrollment process, including both voluntary enrollments and automatically assigned enrollments. The managed care subsystem, which is completely integrated into the Massachusetts MMIS, allows the Commonwealth to be in the forefront of Commonwealth managed care initiatives through the enrollment of the vast majority of Medicaid recipients into the MassHealth Managed Care Program.

TPL Activities. Unisys improved the TPL recovery effort through a system enhancement that allowed the coding of each claim with a TPL attachment, and recording the TPL carrier number on the claim record. The system then checked this identifier against the carrier resource information to verify that the provider had billed the correct third party.

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

Commonwealth of Massachusetts, Division of Medical Assistance

Massachusetts Medicaid Claims Capture and Provider Services

Unisys overall responsibilities:

All applications and systems supporting the Unisys MassHealth Provider Relations contract were developed using a combination of third-party and standard Microsoft development suite software that run on Hewlett-Packard, Unisys, or Dell servers that meet or exceed our standards and configuration requirements. Both the OCR-Assisted Data Entry System and the Provider Enrollment Tracking System were new developments for Massachusetts.

Technical environment (key technologies used, operating platform, etc.):

The Commonwealth maintains the MMIS and runs it in their own data center. Technology platforms supported include NT, Windows 2000, and Unix servers from Dell, HP, and IBM. A host of software applications are supported including the standard Windows Office Suite, FileNet, Venetica, and administrative support for e-mail and personnel management.

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

State of New Jersey, Division of Medical Assistance and Health Services		
New Jersey Medicaid Fiscal Agent Services		
Unisys role: Prime Contractor Unisys has been the successful bidder in two consecutive procurements (1989 and 2000) and has served as the fiscal agent for the State of New Jersey Medicaid Program for more than 12 years. Unisys has continually demonstrated a high quality of work and the ability to partner successfully with the state in operating and optimizing a Medicaid program. The system and services furnished have addressed the broad spectrum of diverse benefit assistance programs and healthcare delivery systems that characterize the state's medical assistance programs. The State of New Jersey has repeatedly entrusted Unisys to design, develop, deploy, and operate creative business and technical solutions that satisfy the processing demands of the changing Medicaid program and integrate the activities of diverse entities and technology. As the relationship between the State and Unisys has matured the State has regularly extended the responsibilities of Unisys to assume a variety of business processes that had been previously performed by the State as well as other vendors. Unisys is scheduled to assume all responsibility for SSI and BENDEX/buy-in processing in early 2004; a function previously supported by the state's IT business unit.		
Contract Size:		
Beneficiaries -- 1.7 million	Claims Amount Paid Per Year - \$6.5 billion	Providers -- 95,000
Project involves claims processing for:		
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	
In addition to the Medicaid program, Unisys provides large-scale claims processing and support services for a variety of state programs. These include the state's pharmaceutical assistance program for the aged and disabled, the charity care program, the AIDS drug distribution program, the cystic fibrosis program, the Senior Gold pharmacy assistance program, and various home- and community-based waiver programs. We process claims associated with the municipality-based general Assistance Program, the Garden State Health Plan (a state-owned and operated health maintenance organization), and the FamilyCare program (for uninsured and underinsured children and working adults). In addition to Medicaid, we interact with 5 Medicare crossover-trading partners -- Medicare Part A Intermediaries and Medicare Part B Carriers -- to establish relationships, test file formats, and refine the crossover process.		
Claims Processing -- Unisys processes over 80 million healthcare claim, adjustment and void transactions annually, 4.6 million of which are Medicare crossover claims. Close to 90 percent of all claims are received electronically. The universe of claim transactions processed include fee-for-service claims, capitation claims and managed care encounter claims. Adjudicated claims history data is available online for up to two years with several alternate online search parameters including claim status, edit code, and edit override data. Unisys is in the detailed system design phase for the conversion of the New Jersey MMIS active claims history file from a sequential flat file structure to a DB2 database structure. When completed, the DB2 database will support the retention of 7 years of long-term care adjudicated claims, 5 years of inpatient and outpatient hospital claims, and 3 years of adjudicated claims for all other claim types.		
Unisys currently accepts claims submitted as hard copy claims or electronically using proprietary EDI formats as well as the HIPAA defined 837, NCPDP 5.1 and NCPDP 1.1 transactions. Proprietary formats continue to be accepted under the state's HIPAA contingency plan, including the electronic exchange of Medicare crossover claims with the various Medicare Carriers and Intermediaries.		
Unisys is also actively involved in the operation of the claims processing assessment system to evaluate the accuracy of New Jersey MMIS claims processing. We designed, developed, implemented, and operate software that permits the state to perform random stratified samplings of adjudicated claims data each week. Once the sampled claims are identified, the system prepares an audit package for each sampled claim, and the audit packages are submitted to the customer. Our quality assurance manager tracks all audit packages and coordinates the review and resolution of any questionable audit findings.		
Provider Relations Services - The Unisys Provider Services Department performs the major functions of handling day-to-day communications with the New Jersey Medicaid provider community, provider training and provider enrollment. Provider communications include responding to telephonic and written inquiries received from providers as well as the ongoing		

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

State of New Jersey, Division of Medical Assistance and Health Services

New Jersey Medicaid Fiscal Agent Services

maintenance of and revisions to provider billing supplements. Unisys provider relations staff is also actively involved in the development and distribution of information on the NJMMIS website (www.njmmis.com). Our provider training covers the full spectrum from formal classroom style training to one-on-one training at the provider's office or state Medicaid district offices located throughout the state. This unit also includes a second opinion specialist, who assists beneficiaries in locating providers in their area authorized by the state to render second opinions for specific surgical procedures. This unit also handles the initial enrollment and ongoing maintenance of provider enrollment data for a majority of provider types eligible to participate in the New Jersey Medicaid program. A provider encounter tracking system, developed and implemented by Unisys, provides for automated provider enrollment workflow process, as well as the ability to maintain comprehensive electronic records of all verbal and written communications with the provider.

Prior Approval Services - Unisys established and operates a transportation prior authorization/approval unit under the current Medicaid contract. The prior authorization review and approval process had previously been performed by state staff at the Medicaid district offices located throughout the State. Online capabilities to enter information on prior approvals of transportation directly into the New Jersey MMIS were made available to these state workers. The Unisys transportation prior authorization/approval unit has assumed all responsibilities previously performed by the Medicaid district offices. Unisys has reduced review time for approval requests from an average of 20 days to 3 days handling an estimated 1,100 requests for prior authorization for transportation services weekly. Staff required to support transportation prior authorization services was reduced from 25 full time employees to 8 full time employees with the assumption of this responsibility by Unisys. Our customer projects savings of several million dollars annually due to the takeover of this prior approval process by Unisys.

Unisys developed and continues to maintain and operate automated interfaces and data exchanges with the state's pharmacy prior approval broker. The prior approval process is the vehicle used to override both monthly prescription limits as well as various prospective drug utilization review edits. The development of this capability permitted the state to be more aggressive in establishing these edits, which Unisys subsequently implemented into the state's pharmacy point-of-service system. These edits are generating cost savings of approximately \$18 million monthly.

Drug Rebate Services - Unisys implemented functionality to enforce the coverage of drugs for Medicaid beneficiaries in accordance with the Federal drug rebate program. Unisys has also expanded this support to allow for mandatory drug rebate program participation requirements for the state's PAAD and Senior Gold prescription drug programs and the State's FamilyCare Program. This functionality ensures that payment is made for only those drug products for which there is a drug rebate agreement in effect or those drugs exempted from drug rebate participation requirements. Unisys provides files of approved pharmacy claims to the state on a monthly basis that the State in turn uses for the invoicing and collection of drug rebate monies owed to the state.

Point-of-Sale Processing and Support Services - Unisys developed and implemented a pharmacy point-of-sale solution for the State in June 1996. Unisys continues to operate and enhance this system under our current contract. This system handles the editing, pricing and adjudication of all pharmacy claims regardless of the media under which the claim was submitted. This system is hosted within a client server system configuration with interfaces to the NJMMIS mainframe environment to support the exchange of provider, beneficiary and drug formulary master data and to upload processed pharmacy claims for inclusion in weekly payment processing and EPSDT, MARS, SURS and TPL applications.

The POS application supports a robust set of prospective drug utilization review edits with automated interfaces with the state's pharmacy prior authorization broker to obtain prior authorizations granted for the purpose of overriding DUR events detected by the POS system. The POS system currently accepts NCPDP Version 5.1 and 1.1 as well as hard copy claims. In addition NCPDP version 3.C and a proprietary EDI format continue to be accepted under the state's HIPAA contingency plan.

Electronic Eligibility Verification System Processing and Services - Unisys designed, developed, implemented, and maintains the Medicaid Eligibility Verification System. This system supports the real-time verification of patient eligibility. Eligibility transactions are received in the ANSI X12N 270 transaction format, and responses are returned in X12N 271 transaction format. This system runs in a client/server environment; all data structures are maintained as Oracle database tables. Unisys also designed, developed, implemented and maintains an automated voice response system that allows providers to verify beneficiary eligibility telephonically that operates independently of and serves as backup to the Medicaid Eligibility Verification

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

State of New Jersey, Division of Medical Assistance and Health Services

New Jersey Medicaid Fiscal Agent Services

System.

Provider Payment Issuance and Financial Management - Unisys supports a robust set of business functions under the umbrella of provider payment issuance and financial management.

Unisys is the sole claims processor for the various benefit assistance programs referenced in this document. Unisys handles virtually all aspects of the payment process, generating, preparing and mailing hard copy remittance advices and checks to providers, maintaining electronic payment data for each provider who wishes to receive their Medicaid payment electronically and generating the automated clearing house file for both direct electronic payments as well as pre-note transactions. Unisys produces the Bank File supporting each weekly payment that is shipped directly to the financial institution that maintains the bank account against which Medicaid payments are drawn.

Unisys developed and maintains an electronic interface with the state's general accounting system that allows the state to apply automated processes for the drawing down of funds needed to cover the weekly payment as well as posting the actual weekly expenditures to the appropriate funding sources for ongoing fiscal management.

Unisys supports the automated application of liens and levies against any payments to be made to providers. State users have the ability to establish business rules regarding the amount of the weekly payment due to the provider that can be allocated to satisfy any outstanding liens or levies. Unisys applies these liens and levies during the weekly payment process, automatically redirecting up to the full amount of the payment due to the provider to the holder of the lien or levy. Unisys systemically generates the actual checks to the holder of the lien or levy as part of the regular weekly payment cycle and prepares and mails these checks.

Unisys performs all annual 1099 reporting. Unisys has enhanced the NJMMIS to use an approved facsimile 1099 document that is systemically generated from an electronic image rather than having to purchase pre-prepared 1099 stock. Unisys also has secured approval from the IRS for Level II electronic 1099 reporting. Level II reporting allows a single electronic record to be submitted to the IRS with the IRS forwarding the earnings data to the appropriate state taxing agency. This allows Unisys to only have to print a single taxpayer 1099 that is then mailed to the provider.

Other - Unisys also provides other Fiscal Agent services including the following:

Medicaid Policy Management and Utilization Review. Unisys established a Fraud and Abuse Unit under the current Medicaid fiscal agent contract. This unit works closely with state program integrity staff to identify potential areas of abuse and to develop and implement a comprehensive plan for investigating potential fraud or abuse. The state has recognized the unit for several successful fraud investigations leading to the identification and recovery of several million dollars.

TPL Activities. Unisys maintains overall responsibility for the maintenance of Third Party Liability (TPL) resource data used in the claims editing and adjudication process. Online and batch applications are in place to accept, edit, and record third-party resource data for Medicare, including Medicare managed care enrollment data and commercial health insurance data.

Unisys maintains applications that identify all situations in which beneficiary data is updated retroactively with third-party resource data. Unisys runs quarterly processes that test previously approved claims against retroactive third-party resource data to determine whether the third-party resource has potential liability for some or all of the costs of the health-care services for which Medicaid previously has paid. Based on business rules defined by the State, claims selected for third-party recovery are automatically voided by the New Jersey MMIS, used as input for the creation of electronic data interchange files for submission to the third-party insurance carrier, or used as input for the creation of hard-copy bills to be submitted to the third-party insurance carrier.

Managed Care. Since the inception of the original contract in 1989 Unisys as the fiscal agent has supported managed care as an alternative delivery of healthcare to the then traditional fee for service health care delivery contract. The NJMMIS initially designed by Unisys supported the operation of Garden State Health Plan; a state owned and operated HMO as well as one commercial managed care health plan. Functionality included the ability to generate and pay monthly capitation payments to the managed care organization, the ability to generate and pay monthly capitation payments to the assigned physician case managers, the ability to process and pay in plan fee-for-service benefits to

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

State of New Jersey, Division of Medical Assistance and Health Services**New Jersey Medicaid Fiscal Agent Services**

Garden State Health Plan network providers and the ability to enforce managed care referral requirements through the NJMMIS prior authorization process.

In 1995, Unisys began assisting New Jersey in a phased transition of all Temporary Assistance for Needy Families (TANF) beneficiaries from a fee-for-service based payment methodology into a capitated, managed care environment. Beneficiaries were given time to voluntarily enroll in a participating HMO of their choice. At the end of the voluntary enrollment period, all unenrolled TANF beneficiaries were automatically assigned to an HMO according to state-provided guidelines. The capitation payment enhancement allows for the payment of in-plan capitation claims and in-plan fee-for-service claims as well as out-of-plan fee-for-service claims. Unisys subsequently expanded New Jersey MMIS managed care processing to support the voluntary enrollment of the Supplemental Security Income (SSI) population and the mandatory enrollment of part of the family care population into managed care. More than 600,000 beneficiaries are now enrolled in Managed Care.

Our support for Medicaid managed healthcare programs includes generation of monthly capitation payments, monthly reconciliation of beneficiary enrollments with each managed care organization, supplemental payments for targeted beneficiary benefits, and processing of encounter claims including generating statistical reports to identify whether all encounter claims have been received from the managed care organizations, with an average of one million encounter claims processed monthly. We also support enforcement of requirements for referrals to managed care physician case managers and reporting requirements for the New Jersey Garden State Health Plan.

Reporting Support Services. Unisys supplies reporting specialists to query the data residing within the Decision Support System and produce reports that profile program characteristics. These specialists also perform standardized and ad hoc query and analysis that provide the state with greater oversight of the utilization of benefits of the senior population.

Unisys overall responsibilities:

In 1989, Unisys began to transfer and modify the Louisiana MMIS for installation and operation for the State of New Jersey. This enhanced baseline-certified MMIS replaced the claims processing applications for two fiscal agents, Blue Cross and Blue Shield of New Jersey and Prudential Insurance, as well as state responsibility for all long-term care claims. The enhanced MMIS also supported the transfer of MAR, SUR, and EPSDT subsystem processing from the State of New Jersey to Unisys. We made numerous modifications and enhancements to the base MMIS to meet the diverse benefit assistance programs and health care delivery systems being administered by the state. The New Jersey MMIS was awarded federal certification in 1992 that was made retroactive to the start of operations in 1991; certification remains constant.

Technical environment (key technologies used, operating platform, etc.):

Mainframe applications are running on an IBM z800 that runs version 1.4 of the zOS operating system software. Supporting MMIS client/server applications (including the Pharmacy Point-of-Service application, the Medicaid Eligibility Verification System (MEVS), the New Jersey Senior Care Project, the New Jersey Decision Support System (DSS), the NJMMIS website and the HIPAA front end interface) are run on several different platforms, including Dell servers and Sun 5500 and 6500 servers. Operating systems for the client/server applications include UNIX, NT, and Sun Solaris. Full backup and recovery for the New Jersey MMIS is provided by the Unisys Salt Lake City Data Center. Unisys selected and deployed the ERwin product to support logical and physical database modeling for all RDBMS development projects. For the DSS, Unisys successfully deployed a number of COTS products over the Oracle database structures, including the Micro Strategy tool suite for ad hoc query and reporting, the SAS Enterprise product suite to support complex statistical analysis queries and reporting, and the ESRI and GeoAccess tool suite to support geospatial query and reporting.

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

State of West Virginia, Bureau for Medical Services		
West Virginia Medicaid Fiscal Agent Services		
Unisys Role: Prime Contractor		
As the prime Medicaid Fiscal Agent, Unisys will provide a full array of business process outsourcing services that include imaging and managing the workflow of paper claims; administering the authorization, adjudication and resolution of paper and electronic claims; providing contact center and help desk services; conducting provider training; and delivering systems operational, maintenance, and enhancement support.		
Project involves claims processing for:		
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	
In addition to Medicaid, the WV MMIS (Health PAS) will be used to support other state healthcare programs including the Children's Health Insurance Program (CHIP) when it is brought back into the Medicaid agency.		
Contract Size:		
Beneficiaries – 290,000	Claims Amount Paid Per Year - NA	Providers – 11,000
Unisys performs the following tasks:		
<p>Claims Processing – The system will support the processing of both manual (paper) and electronic claims. It will also support multiple program plans (Medicaid, Ryan White, Children's Specialty Service (Title V) and six other state programs), and multiple claim types (institutional, professional, dental, and pharmacy). Unisys is responsible for the traditional areas of claims processing from claims receipt to final adjudication, check remittance production and mailing, adjustment processing, reporting, and provider enrollment and reimbursement. We expect to process 15 million claims annually, of which we anticipate receiving 85% electronically.</p> <p>Provider Relations Services – Unisys will perform a variety of provider relations services including provider enrollment and help desk services; provider communications and support; and provider training. For provider enrollment, Unisys trained specialists will use state-specified screening criteria established for each provider type to confirm that all Medicaid enrolled providers are qualified for enrollment and eligible to render services approved by the state. They will use a toll-free telephone facility, written inquiries, a Web portal, or a direct dial-up option for providers who do not have reliable Internet access, to perform these duties. Provider enrollment specialists will mail enrollment applications, assist providers with the enrollment process, and respond to any other provider inquiries about provider enrollment.</p> <p>For provider communications and support, Unisys staff will use a variety of provider access channels, including the self-service Web portal, the automated voice response system for routine inquiries, the eligibility verification system for automated eligibility information, and toll-free telephone access for inquiry resolution, written correspondence, and walk-in requests. Regardless of the method of inquiry, our provider communication specialists will be able to respond to all types of provider inquiries, including questions about HIPAA transaction code sets and EDI transaction requirements, claim form completion, billing procedures, Medicaid program policies and procedures, claim disposition, reimbursement, program coverage, fiscal agent functions and responsibilities, and other matters. Unisys staff will also prepare and distribute billing instructions, newsletters, policy manuals, and training materials.</p> <p>For provider training, Unisys will be responsible for educating providers about the West Virginia Medicaid Program, HIPAA requirements, the claims processing system, claims billing, prior authorization procedures, and use of electronic transactions. Provider training will be delivered through workshops, training sessions, presentations at professional association meetings, individual training (as needed) and distribution of provider manuals, program instruction, and bulletins.</p> <p>Prior Approval Services – Using the system's authorization module, state staff will be able to maintain required prior approval data; accept, enter, and edit approval requests; process approval decisions and update approval data; edit and process claims against approval information; provide inquiry and display of approval data; and track all approval activity.</p>		

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

State of West Virginia, Bureau for Medical Services**West Virginia Medicaid Fiscal Agent Services**

Drug Rebate Services - Unisys will implement our client/server-based Pharmaceutical Rebate Information Management System (PRIMS) to support Medicaid drug rebate processing. Unisys staff will use PRIMs to track the invoicing and collection of rebates from drug manufacturers. The invoices, generated quarterly, will be based on the quantities of drugs dispensed by providers to eligible Medicaid recipients and paid for by a state program. PRIMs will generate an invoice for each manufacturer stating the unit type, quantity of units used, and the expected total rebate amount for each national drug code (NDC) for the billing quarter. As manufacturers make payments to the State, PRIMs will enable Unisys staff to log, allocate, and reconcile those payments for each NDC. Each month, Health PAS data, including formulary, provider, and claims information, will be loaded into the PRIMs database. PRIMs will maintain all rebate unit amount data and other information necessary for the processing of accurate drug rebate invoices. Its reporting capabilities will allow for the generation of daily, weekly, monthly, and quarterly reports to monitor the success of the program.

Point-of-Sale Processing and Support Services - The POS processing function will support real-time pharmacy transaction processing at the point of sale, as well as support traditional batch operations. Unisys will perform claims editing and adjudication using data from Health PAS and appropriate reference information, such as NDC data. We will edit, audit, price, and adjudicate all claims in accordance with state-specified criteria. These criteria will be based on state-furnished covered drug, limit, rate, pricing methodology, and drug-specific prior approval requirement information.

Unisys will also operate a point of sale help desk. The help desk will provide Technical assistance, eligibility information, support to pharmacists for drug utilization review and prior approval issues, overriding approval for early refill or prospective drug utilization review alerts, program drug coverage information, provider policies and procedures, and determination of prescriber ID numbers. A licensed West Virginia registered pharmacist will be available at all times to support the point of sale help desk.

Electronic Eligibility Verification System Processing and Services - To support the real-time verification of recipient eligibility information, Unisys will implement (1) an electronic eligibility verification system that will support submission of individual or batched HIPAA-compliant 270/271 transactions; and the use of a secure Web portal accessed through a Web browser on a PC, and (2) an automated voice response system accessed through a touchtone telephone. Through each of these methods, providers can obtain a variety of information including: beneficiary eligibility data (eligibility status for a particular date, recipient participation in a managed care program, recipient lock-in status); payment status and history (information from the most current payment cycle, last checkwrite payment date and amount); claims information (third-party payers who need to be billed before Medicaid, status of claims in process); and delivery of services information (prior approvals required or granted, service limitations).

Provider Payment Issuance and Financial Management - Using Health PAS Financials, Unisys will support the ability to select the adjudicated claims to pay each week based on criteria set by the state for each payment cycle. Financials will also provide the ability to enter and track receivables, calculate and apply interest on outstanding balances, and support multiple recoupment methodologies. Financials will automatically net the receivables due each week against the amount payable to each provider. We will produce various reports that detail an exact payment amount and related payment cycle information before checks are generated. Payments and remittance vouchers will be produced and distributed on the state's weekly schedule. Adjudicated claims will also be paid on an as-needed basis according to state-defined criteria. We will also provide printing, distribution, check mailing, remittance voucher mailing, and EOB mailing services.

Other - Unisys will also provide other Fiscal Agent services including the following:

Medicaid Policy Management and Utilization Review. Unisys will provide services to reconcile the latest policy changes against manual and system processes. Utilization review will be accomplished through a series of edits and audits that will reside within Health PAS. These edits and audits will be based on six state-defined categories: medical criteria, contraindicated parameters, procedure-specific parameters, limit parameters, institutional criteria, and ancillary parameters. Lifetime procedures, multiple services, and services requiring second level review will be identified through automation and resolved either systematically or manually.

TPL Activities. Unisys will support the TPL process in a variety of ways: identify potential third-party liability by either claim data or an inquiry response; establish and maintain third-party payee information for each applicable recipient; respond to information requests; coordinate recovery efforts; produce reports on TPL efforts; and respond to state

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(2)

TECHNICAL REQUIREMENT AREA: General Requirements-Operations Experience

State of West Virginia, Bureau for Medical Services

West Virginia Medicaid Fiscal Agent Services

inquiries on TPL recovery cases. Extensive TPL information will be maintained and directly linked to claims adjudication to optimize appropriate reimbursement.

Managed Care. Through Health PAS functionality, Unisys will support multiple West Virginia managed care models, including primary care case management (PCCM) programs such as the state's Physicians Assured Access System (PAAS). For the state's managed care program, we will maintain HMO contracts, services, and reimbursement information; define benefit packages; interface with the state's enrollment broker to receive and store managed care enrollment and eligibility data (this information can also be updated as necessary); generate enrollment rosters, utilization data and reports, and capitation and fee-for-service payments.

Reporting Support Services. Unisys will produce a comprehensive range of reports that profile program characteristics such as expenditures, use, outcomes, and quality of care. This will be accomplished using Crystal Report Writer to produce all reports and to allow for online queries.

Unisys overall responsibilities:

Unisys will replace the existing state Medicaid system, a legacy, mainframe-based COBOL system built in the 1990s. The new system, based on Unisys Health PAS, uses client/server technology, and integrates COTS products into one unified system. We will configure Health PAS to meet state-specific requirements. Unisys is on track to begin operations in 1st Quarter 2004. We will schedule and conduct all activities required to obtain federal certification, retroactive to the first day of operation. Over the life of the contract, Unisys will operate, maintain and enhance the system as required.

Technical environment (key technologies used, operating platform, etc.):

Hosted on an ES7000 enterprise server located in our Salt Lake City Data Center, the West Virginia MMIS incorporates leading Microsoft technology, including SQL Server 2000, and BizTalk with the HIPAA Accelerator. Its modular nature will allow for the integration of best-of-breed COTS software and public sector applications. Other key technologies include a relational database and table-driven engine.

FUNCTION DESCRIPTION**PROGRAM AREA:** Contractor Administration Requirements**REFERENCE NUMBER:** 2.4.2(3)**TECHNICAL REQUIREMENT AREA:** General Requirements-Performance Bond

2.4.2(3) Performance Bond

A letter of commitment for a performance bond in the amount of \$6 million appears in Appendix A – Mandatory Requirements, in Volume 2 of this proposal.

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(4)

TECHNICAL REQUIREMENT AREA: General Requirements-Pledge of Parent's Resources

2.4.2(4) Pledge of Parent's Resources

The Health Information Management Practice of Unisys is not a separate subsidiary company of Unisys Corporation; therefore, a Pledge of Parent's Resources is not applicable

PROGRAM AREA: Contractor Administration Requirements

REFERENCE NUMBER: 2.4.2(5) & 2.4.2(7)

TECHNICAL REQUIREMENT AREA: General Requirements-Financial Condition

2.4.2(5) Financial Condition

Unisys is a \$6 billion corporation with the financial, personnel, and technical resources to continue serving as a fiscally sound and reliable partner for DHH. The financial statements, presented in our Annual Reports, contain balance sheets, statement of income, statement of changes in financial position, auditor's reports, notes to financial statements, and a summary of significant accounting policies. As evidenced by our financial statements, Unisys provides DHH the reassurance and confidence inherent in doing business with a mature, financially stable corporation with a proven track record and an impressive future. Required statements referred to in SFP section 6.3 appear in Appendix A. Unisys financial statements for the last three audited years (2000, 2001 and 2002) are located in Appendix B in Volume 2 of this proposal.

2.4.2(6) Hearings

Unisys will participate in all hearings requested by eligible recipients and providers when requested by DHH. We will provide the necessary staff and data requested by the Department at no extra charge to the Department.

2.4.2(7) Financial Condition

Annually, throughout the term of the contract, Unisys will provide the Department with the Corporation's audited financial statements in the form of the published annual report. Required statements referred to in SFP section 6.3 appear in Appendix A.

2.4.2(8) Integration Projects

Unisys agrees to participate in all Medicaid and Medicare integration projects as reasonably deemed appropriate by DHH.

2.4.2(9) CMS Inquiries

Unisys agrees to assist the Department in responding to all CMS inquiries as reasonably requested by DHH.

2.4.2(10) Cost Allocation Plan

Unisys will develop a Cost Allocation Plan in accordance with federal requirements specified in HCFA Pub. 45-11 through which all payments to Unisys will be allocated at the appropriate Federal Financial Participation (FFP) rates. A draft plan will be provided to the Department 10 days following contract execution.

PROGRAM AREA: Operations Requirements

REFERENCE NUMBER: 2.6

TECHNICAL REQUIREMENT AREA: Operations Requirements

2.6 Operations Requirements

Unisys offers the Louisiana Medicaid Program a continued commitment to provide the support needed by DHH, advanced technical capabilities, and an experienced staff with complementary skill sets and a thorough understanding of the architecture. We are committed to operating the MMIS in a manner that meets or exceeds DHH operational requirements and performance standards. Our integration of automated and manual functions and our methods, resources, and experience ensure continuity of support to the MMIS provider and recipient communities and to DHH. We understand that we are responsible for all functions necessary for the complete and successful operation of the MMIS.

We will continue to monitor operations and internal policies and procedures in order to determine and recommend improvements that will enhance the operations of the MMIS and the State's ability to administer the Medicaid Program. Our recommendations will be documented through standard procedures and presented to DHH for discussion and approval. When recommended changes are accepted by the State, we will proceed in planning, scheduling, and carrying out improvements.

Throughout the term of the contract, we will operate the LMMIS in a manner that meets operational requirements, achieves or surpasses performance standards, and ensures continued federal certification. We will adhere to DHH requirements, and we will constantly seek to improve operations and strengthen our working environment.

2.6.1 Overview

Unisys is confident that no other contractor can offer the experience and technological capabilities for the continued support and advancement of health care management that we, as the incumbent fiscal intermediary, can offer to Louisiana. We are also confident that our innovative technologies will allow us to incorporate system and operational enhancements to our current system and methodologies that will lead to improved communications and better information flow between DHH and Unisys.

Unisys acknowledges and agrees to all contractor requirements as defined in the SFP.

2.6.2 Department Responsibilities

Unisys will work closely with DHH to accomplish the many tasks required for the operation of the LMMIS. We understand the Department's responsibilities and will continue our support of the daily operation of the LMMIS.

2.6.3 Contractor Responsibilities

Unisys is known internationally as a major systems integration company with successful MMIS operations experience. Unisys currently serves as Medicaid fiscal intermediary for four states, with experience in both mainframe and client server platforms. Since implementing our first Medicaid contract in 1977, we have continually demonstrated a willingness to respond to our customers' needs and have successfully integrated emerging technologies into the existing system. The State of Louisiana can be assured of our commitment to the continued integration of technological advancements and efficiencies into the LMMIS throughout the entire Operations Phase of the contract.

PROGRAM AREA: Operations Requirement

REFERENCE NUMBER: 2.6.3.7

TECHNICAL REQUIREMENT AREA: Security, Back-Up Facilities, Disaster Recovery, and Audit

2.6.3.7 Security, Back-Up Facilities, Disaster Recovery, and Audit

Unisys accepts the responsibility for ensuring that the Louisiana MMIS is protected for operational reliability. It is possible to recover from hardware, software, and human error if adequate planning has produced procedures to handle different situations. This section of the proposal details our approach to maintaining physical security of the processing facility and safeguarding the system.

Unisys has a comprehensive security program that protects all aspects of the Louisiana MMIS. This program provides for the protection of data by properly securing equipment and facilities. Section 2.6.3.7.1 presents our plans to secure the entire processing environment. Our security approach is both conscientious and deliberate; it involves physical security for the mainframe, the local area network, the computer centers, and the Louisiana site. We protect the Medicaid data confidentiality and integrity through a series of software programs, audits, and controls. DHH can be confident that Louisiana Medicaid data is secure and protected from unauthorized access or use.

Unisys understands the critical need to be prepared for a major disaster; the impact to the system could be devastating. Our approach to the complete backup of all tapes, files, and software is described in Proposal Section 2.6.3.7.2 Backup Facilities, and Section 2.6.3.7.3 Disaster Recovery, details the steps Unisys undertakes to react to a major adverse situation that endangers the MMIS system integrity. The Disaster Recovery Plan concentrates on both the mainframe and the LAN systems data and their restoration without loss of crucial Medicaid information. Proposal Section 2.6.3.7.4 describes our plans to supply necessary reports and files to audit agencies.

PROGRAM AREA: Operations Requirements

REFERENCE NUMBER: 2.6.3.7.4

TECHNICAL REQUIREMENT AREA: Audit Requirements

2.6.3.7.4 Audit Requirements

Introduction and Guidelines

As the Department's incumbent fiscal intermediary, Unisys recognizes the necessity of frequent and continual audits of the Louisiana MMIS. During the most recent contract period (1997 through 2003), we have participated with the Department in regular audits of the MMIS, including audits undertaken by the State Legislative Auditor, an independent auditor, and our own corporate internal auditors. On a semi-annual basis, we have contracted with an independent firm to conduct a full electronic data processing (EDP) and contract compliance audit of the MMIS. We believe that these audits underscore the sound, safe, secure foundation of the MMIS, while helping to improve and enhance our operations, applications, and security procedures on a continuous basis.

As a result of our successful completion of these various audits, Unisys has ensured that the MMIS follows the guidelines and objectives of the American Institute of Certified Public Accountants (AICPA) Audit and Accounting guide, The Auditor's Study and Evaluation of Internal Control in EDP Systems.

Auditing of Individual Claims

Unisys recognizes the necessity of determining the accuracy of claims processing and payment in addition to the correct and timely application of updates to all files supporting claims processing. Regular quality control processes include the following activities which help us ensure contract compliance and timely and accurate transaction processing of claims and other data:

- Monthly samplings of:
 - Mailroom receipts
 - Reject letters
 - Data entry
 - Claim resolutions
 - Medical review
 - Provider relations correspondence
 - Drug updates
 - Recipient File updates
 - Paper TPL Resource File updates
 - System security.
- Quarterly samplings of:
 - Provider relations field visits
 - Data entry batch accountability
 - Archives
 - Tape updates to the TPL File.

To support audit trails and the reporting of claim pricing changes, provider data changes, Reference File data changes, and recipient data changes, the reports listed in Figure 2-31, **MMIS Audit Trail Reports**, are issued daily and/or weekly and reviewed by the Unisys Files Maintenance personnel for accuracy, correctness, completion, and appropriate documented authorization.

FUNCTION DESCRIPTION

PROGRAM AREA: Operations Requirements

REFERENCE NUMBER: 2.6.3.7.4

TECHNICAL REQUIREMENT AREA: Audit Requirements

Report Number	Report Name
CP-O-18	Weekly Claims Cancellations Audit Trail
CP-O-34	Online Claims Pending Resolutions Audit Trail
CP-O-38	Claims Edit Audit Error Listing by Status Claim Type
CP-O-51	Electronic Media Claims (EMC) Preprocessor Audit Trail
CP-O-64	Monthly Claims Prepayment Review Report
CP-O-84	Weekly Check Reconciliation Audit Trail
PS-O-04	Provider File Update Audit Trail
PS-O-04-1	Daily Group Provider Update Audit Trail
PS-O-010, -020	Daily Audit Log File Control Totals Report
RF-O-02-1	Daily Online Procedure Formulary Update File Audit Trail
RF-O-02-2	Daily Online Diagnosis File Update Audit Trail
RF-O-05	Daily Provider Fee File Update Activity Listing
RF-O-06	Daily TPL Carrier File Update Audit Trail
RF-O-08	Weekly Drug File Record Additions/Updates
RF-O-14	Daily Online Error Text File Update Audit Trail
RF-O-15	Monthly Error Text File Update Audit Trail
RF-O-16-1	Case Management Prior Authorization Update Audit Trail
RF-O-16-2	Mental Health Rehabilitation Prior Authorization Update Audit Trail
RF-O-16-4	Waiver Services Prior Authorization Update Audit Trail
RF-O-19	Daily Hospital Precertification File Update Audit Trail
RF-O-24	Daily Audit Trail of Medicare/Medicaid Updates
RF-O-26	Daily Audit Trail of Clinical Laboratory Improvement Amendment (CLIA) Updates
RS-O-08	Daily Recipient Update Audit Trail
RS-O-08-1	Daily Recipient Third-Party Liability (TPL) Resource File Update Audit Trail
RS-O-51, -52, -53	Daily CommunityCARE Update Audit Trail
RS-O-68	Daily Plastic ID Card Production Audit Trail
TR-O-01	Daily TPL Trauma File Update Audit Trail

Figure 2-31, MMIS Audit Trail Reports

The LMMIS Claims Processing Subsystem provides the capability to override standard claim edits for specific, Department approved policies, and each override is identified on the respective claim by coding an explanation of benefits (EOB) code. On a monthly basis, Unisys produces report CP-O-64-6A, Monthly Claims Prepayment Review Report, that details each paid claim by ICN for specific EOB codes. Depending on Department requirements, Unisys is able to modify the selection criteria of this report to include additional EOB codes.

EDP Policies and Procedures Manual

In August 1998, Unisys encapsulated all Systems procedures and policies in the Unisys EDP Policies and Procedures Manual, which was reviewed and approved by the Department in May 1999. Since that time, the manual has been updated each year as new procedures are incorporated and as new technologies mandate changes to the configuration management processes of the MMIS. We have also updated the manual at least annually as a result of audit findings.

The EDP Policies and Procedures Manual contains complete descriptions of the Systems procedures and policies necessary to operate, maintain, and enhance the MMIS, including (but not limited to) the following:

PROGRAM AREA: Operations Requirements

REFERENCE NUMBER: 2.6.3.7.4

TECHNICAL REQUIREMENT AREA: Audit Requirements

- LMMIS EDP Security Plan
- Salt Lake City (SLC) Mainframe Security Policies and Procedures
- HealthNET and LaNET Wide-Area Network Security Policies and Procedures
- Problem Tracking Policies and Procedures
- LMMIS Application Standards (program/job naming conventions, file naming conventions, screen graphical user interface standards)
- LMMIS Application Development Standards (Structured Development Methodology)
- LMMIS Application Testing Standards
- Medicaid Data Warehouse (MDW) Report Certification Policies and Procedures
- SLC Mainframe Security Request Procedure and Guidelines
- ENDEVOR Configuration Management and Source Code Transfer (Mainframe) Policies and Procedures
- Visual Source Safe Configuration Management and Source Code Transfer (Web and Client-Server) Policies and Procedures
- LMMIS and CMS Internet Security Policies
- LMMIS Report Security Procedures
- LMMIS Internet/Intranet Security Standards

The manual encompasses a complete description of Unisys requirements for programmer adherence to the highest industry standards for program coding, testing, execution, and documentation of all Systems activities. Because we utilize two screen design and coding standards – CICS for mainframe and .NET for web and client server – we have published in the EDP manual the conventions for these two standards to ensure programmer adherence. Team leaders in the Unisys Systems Department are trained on these standards, and they assess and establish adherence during the quality reviews that are conducted as part of our development and program change control methodology.

The EDP Policies and Procedures Manual, maintained by the LMMIS security administrator, is updated at least annually and is subject to yearly audit, by both state and independent auditors. Unisys will continue to rely on this manual as one of the foundations of documenting, communicating, and enhancing the operational, development, and security aspects of the MMIS.

PROGRAM AREA: Operations Requirements

REFERENCE NUMBER: 2.6.3.7.4

TECHNICAL REQUIREMENT AREA: Audit Requirements

Provision of Information to State and Internal Auditors

In support of routine state audits of claims processing, Unisys will provide adjudicated claim data, Reference Subsystem desk-level parameters, Reference Subsystem files, Reference File audit trails (e.g., logs of Reference File changes), Recipient Subsystem file data, Provider Subsystem file data, and any other files maintained by Unisys in the operation of the Louisiana MMIS reasonably necessary for the completeness of the audit. In addition we will provide file labels, complete file layouts, data element descriptions, and detailed processing logic to assist the State's auditor to process and utilize the files provided, on media and within time frames to be developed during the Phase-In of this contract. In the event any of the requested information is considered proprietary to Unisys or our partners, Unisys will provide acceptable, non-proprietary information in its stead. All media will be compatible with requested state- or auditor-defined media.

As new technology is introduced into the Louisiana MMIS, the usual transfer of information through magnetic tape may no longer be the most efficient way to transmit data. Much of the requested data may be available online through our Medicaid Data Warehouse (MDW) and/or electronic storage of report data. Regardless of the media, Unisys will ensure that the data is delivered in a usable format along with the tools necessary to interpret the requested information.

Since 2001, Unisys has provided at the Department's request, all annual detailed claims data, provider data, and recipient eligibility data to the Louisiana State Legislative Auditor using compact disk (CD) media, and the auditors have complimented this process as efficient, effective, timely, and comprehensive.

At the conclusion of the State auditor's review, an exit interview is conducted between DHH, the auditor and Unisys, and if any findings pointing to discrepancies or errors are communicated by the auditor, we will provide to DHH a written explanation for these discrepancies within ten (10) working days after they are received by Unisys. Any resolution measures for discrepancies or errors will be submitted to DHH for review and approval, and then they will be incorporated in the EDP Policies and Procedures Manual.

Independent Audit

Unisys will select a subcontractor to provide for independent auditing of the Louisiana MMIS for the purpose of ongoing Department of Health and Hospitals (DHH) monitoring of the MMIS subject to the prior written approval of the Department. This independent auditing subcontractor will provide for annual limited-scope EDP audits, based on DHH specifications and federal auditing standards. These audits will be completed at the end of the first 12 months of operation, and annually thereafter. The same firm will also perform an annual comprehensive audit to determine Unisys compliance with the contract.

The independent auditing firm will follow the generally accepted auditing standards for EDP audits as defined in the publications of the American Institute of Certified Public Accountants (AICPA) entitled *Statements on Auditing Standards*, as well as *Standards for Audit of Government Organizations, Programs, Activities, and Functions* by the United States General Accounting Office. In particular, both the "Statement on Auditing Standards Number 44 – Special Purpose Reports on Internal Accounting Control as Services Organizations" by the AICPA and *Audit Guide Audits of Service-Center-Produced-Records* are to be used by the independent auditor. In addition, the audits shall include a scope necessary to fully comply with AICPA Professional Standards for Reporting on the Processing of Transactions by Service Organizations (SAS-70 Report).

PROGRAM AREA: Operations Requirements

REFERENCE NUMBER: 2.6.3.7.4

TECHNICAL REQUIREMENT AREA: Audit Requirements

The scope of the EDP audit includes an independent review of Louisiana MMIS applications and related general computer control procedures. An evaluation of the system description and the EDP Policies and Procedures manual provided by Unisys will be performed initially by the auditor. This initial assessment is performed to ensure that the description provides sufficient information to obtain a thorough understanding of the system and the related control structure.

Based on this, the auditor will work with Unisys in developing the control objectives to be included in the review. DHH input will be requested as needed by the auditor in order to satisfy the stated objectives. Directed by these specified control objectives, the auditor will identify the control procedures contained in the system description to be tested. The test of controls will include interviews with Unisys personnel, review of pertinent reports and supporting documentation, observation of control procedures and the testing of selected control techniques. The nature, timing, and extent of testing will address the entire review period and be performed solely at the auditor's independent discretion. The test results will be reviewed with management and reported when a material weakness exists or if the control exception causes failure of the control objective.

Figure 2-32, **Independent Auditor's Report Outline**, displays the general contents of the report. The independent auditor's report will include the following.

Independent Auditor's Report Outline	
Section 1 – Louisiana MMIS System Description and General Computer Controls	Section 1 will address the input, processing, and output controls necessary to achieve the control objectives. Additionally, the general computer control areas of management and organization, data and physical security, computer operations, disaster recovery planning, and systems development and maintenance will be fully described and reported.
Section 2 – Report of Independent Certified Public Accountants	This section contains the independent auditor's detailed report findings.
Section 3 – Management Summary Information	The management summaries are designed to provide senior management with a concise, one-page synopsis of each control area. Each summary contains the control objectives, important control procedures and tests performed, as well as the auditor's test results and conclusion relating to the control objective.
Section 4 – Control Testing Matrices	The control testing matrices are designed for user assessment of the internal control structure. The matrices describe in significant detail the control objectives; control procedures; the type of control technique (systematic or manual and if it is a preventive or detective control); tests applied; the nature, timing, and extent of testing; and the test results.

FUNCTION DESCRIPTION

PROGRAM AREA: Operations Requirements

REFERENCE NUMBER: 2.6.3.7.4

TECHNICAL REQUIREMENT AREA: Audit Requirements

Independent Auditor's Report Outline	
Section 5 – User Control Considerations	SAS-70 requires that independent auditors identify significant end-user controls which contribute to the overall internal control structure that may help to meet the control objective. User controls may be included in a separate section or included in the control testing matrices.
Exhibits	The service auditor's report may include exhibits that provide useful information to the recipients of the report. Typical exhibits may include organization charts, sample contracts, and a glossary of terms.

Figure 2-32, Independent Auditor's Report Outline

Independent Audit Review and Completion

All audit reports will be submitted by the independent auditing firm to the Department and Unisys for review within 30 days of the close of each audit. Unisys will respond within 10 working days with a corrective action plan from the date of any deficiencies being identified in writing by DHH to Unisys as a result of the audits. Unisys will implement the Bureau of Health Services Financing (BHSF)-approved correction plan within the mutually agreed upon time frames. Upon approval by the Department, the actions specified in the corrective action plan will be implemented and incorporated in the EDP Policies and Procedures Manual.

The costs to conduct the audits are included in our bid. In the event the Department requests additional services, Unisys will obtain quotes and the Department's approval prior to contracting to obtain such services.

PROGRAM AREA: Operations Requirements

REFERENCE NUMBER: 2.6.3.8

TECHNICAL REQUIREMENT AREA: System Maintenance Requirements

2.6.3.8 Systems Maintenance Requirements

Systems maintenance is required to sustain quality of data, equipment, facilities, communications, and business functionality. Unisys has assembled a team of experienced programmer/analysts and programmers to form the Systems Maintenance Group (SMG). This group is responsible for:

- All changes to the production environment, repairing programs or JCL
- Enabling programs and JCL to interface with new systems software or a new release
- Implementing required minor federal changes to processing or reporting, as defined in SFP Section 2.6.3.8.

Unisys will maintain the levels of experienced staff necessary to accomplish DHH required systems maintenance in a timely manner while still maintaining high levels of quality.

Over the past two years, Unisys has worked with DHH to design, develop and implement an improved web-based process to manage all documentation related to system issues. Previously paper forms and documentation were utilized. The Department now uses the System Project Tracking (SPT) application on the Louisiana MMIS Intranet to establish and track design change requests (DCRs), Discrepancy Report Forms (DRFs) and Special Report Forms (SRFs). SPT is a web-enabled application that greatly facilitates the administration of Department maintenance and enhancement requests; it also provides improved Configuration Control Board (CCB) administration for the DHH MMIS Section.

In addition to SPT, the Department and Unisys worked together to establish a robust, web-based problem tracking mechanism, called the MMIS Problem Tracking Log (PTL), that is used by SMG staff and Systems Management to report and status all identified problems and issues.

Finally, all MMIS systems documentation is captured and made available online via the web-enabled MMIS Systems Documentation (SysDoc) facility.

All of these applications are described in detail in Section 2.11.6, Web-Enabled Enhancements for Information Sharing. Reference letters attesting to our systems maintenance experience appear at the end of this section.

2.6.3.8.1 SMG Responsibilities

The SMG will be composed of a minimum of eight programmer/analysts and seven programmers. The group's primary responsibilities include:

- Program modifications for new versions of existing software and new products
- Emergency program maintenance
- Scheduled program maintenance
- Implementation of required federal changes to processing and reporting.

All problems requiring maintenance are the responsibility of the SMG. The SMG assumes responsibility for any programs or JCL once it is moved into the production environment.

PROGRAM AREA: Operations Requirements

REFERENCE NUMBER: 2.6.3.8

TECHNICAL REQUIREMENT AREA: System Maintenance Requirements

The SMG evaluates and corrects all problems in the MMIS production applications environment and supervises any restarts in conjunction with our Production Control staff. When significant problems occur in the production environment, Unisys utilizes the following approach for problem triage, research, and remediation:

- Production problems are detected by Unisys Production Control staff or Computer Operations staff, who notify the Systems Manager and appropriate SMG personnel
- Systems Manager notifies DHH MMIS staff within two (2) business days of the discovery of the problem, usually via e-mail or phone call
- SMG staff establish a PTL record describing the problem
- SMG staff conduct appropriate steps to correct the problem
- Systems Manager informs Department of problem resolution.

The Problem Tracking Log (PTL) is used to capture, maintain, research, and provide notification to the State of emergency production corrections. The PTL record includes:

- The nature of the problem
- System or subsystem in which the problem occurred
- When the problem was discovered
- When the problem was corrected
- Which member of the SMG performed the corrective measures
- Description of corrective measures taken
- Whether the correction is temporary or permanent.

The State is notified if the correction is temporary and an estimated level of effort and projected implementation date for the permanent correction is provided. We also provide monthly summary reports indicating problems encountered by the SMG. Unisys will meet the time requirements of the section.

We look forward to continuing our partnership with DHH and will continue to work with the State to establish project priorities for the SMG. We commit to notifying DHH when modifications in priorities have a material impact on project scheduling and production of quality work on schedule. The SMG is dedicated to performing systems maintenance; however, we understand that with DHH approval, staff may be temporarily assigned to the Systems Development Group for certain projects. Formal processes and procedures as described in Proposal Section 2.6.3.10 are utilized to monitor and control all work. This provides for quality deliverables in a timely manner.

PROGRAM AREA: Operations Requirements

REFERENCE NUMBER: 2.6.3.9

TECHNICAL REQUIREMENT AREA: Systems Development Requirements

2.6.3.9 Systems Development Requirements

Unisys understands and acknowledges the requirements with respect to System Development Requirements as stated in SFP Sections 2.6.3.9, Systems Development Requirements and 2.6.3.9.1, SDG Responsibilities. We look forward to continuing our partnership with DHH to carry out these requirements.

2.6.3.9.1 SDG Responsibilities

The System Development Group (SDG) will be composed of a minimum of one systems analyst, six programmer/analysts, and seven programmers as defined in 2.6.4.1 of the Louisiana SFP. The purpose of this group is to design, develop, and implement DHH approved modifications to the LMMIS enterprise. The SDG group's primary responsibilities include:

- Enhancements and modifications to existing application programs and manual procedures that provide greater operational effectiveness or efficiency to the LMMIS
- Major development of new functional applications of the LMMIS enterprise. This includes replacement of existing programs or procedures with a new ones as well as the addition of new programs or procedures
- Developing application programs to address edit/audit processing requirements for both revision of current processing and adding new processing as defined by the State
- Developing new report application programs or modify current report application programs as defined by the State
- Providing programming support for the State's Ad hoc Report requests
- Performing initial and ongoing training for all Unisys MMIS personnel for processes and applications developed and implemented by the group.

We look forward to continuing our partnership with DHH and will continue to work with the State to establish project priorities for the SDG. We commit to notifying DHH in a timely manner when modifications in priorities have a material impact on project scheduling and production of quality work on schedule. Formal processes and procedures as described in Proposal Section 2.6.3.10 are utilized to monitor and control all work to provide for quality deliverables in a timely manner.

We will make available, during the entire contract period, the number of positions defined for the SDG in Section 2.6.4.1, for the duration of the contract. Unisys understands that the State may allow temporary diversion of the SDG staff to aid in design, development and implementation of required enhancements identified in this SFP. Additional experienced systems staff may be provided as necessary to complete required enhancements. All costs related to the SFP required enhancements are covered in our overall price proposal and these additional experienced team members will be at no added cost to the State.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7

TECHNICAL REQUIREMENT AREA: Subsystem and Special Processing Functions Requirements

2.7 Subsystem/Special Processing Functions Requirements

Unisys values our current position as the fiscal intermediary of choice for the Louisiana Medicaid Program and looks forward to supporting the LMMIS during the next contract period. The State of Louisiana can be assured of Unisys commitment to the continued integration of technological advancements and efficiencies into the MMIS throughout the entire Operations Phase of the contract. These improvements affect both the system functions and the manual processes that Unisys performs in support of Louisiana's Medicaid Program. Our LMMIS has been staffed and organized to ensure clear lines of accountability, logical grouping of related functions, and fresh ideas for operational improvements.

As the incumbent, Unisys provides a risk-free solution to the operation of the functions described in this section. There is no learning curve for the Unisys staff; we have implemented, modified, and maintained the LMMIS for the past two decades. Operational training on the existing subsystems is not needed. Our personnel remain committed to providing quality services. The State, providers, and recipients will not be adversely affected by a system takeover requiring extensive testing for the existing subsystems. Unisys can immediately devote time and resources for subsystem operations and enhancements.

We will perform all fiscal intermediary responsibilities in accordance with all terms and conditions of the SFP, Contract and Standards of the HIPAA Administrative Simplification for EDI, and the HIPAA Privacy and Security Acts. In the following sections we address the requirements for the 18 subsystems and special processing functions that comprise the Louisiana MMIS.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements**REFERENCE NUMBER:** 2.7**TECHNICAL REQUIREMENT AREA:** Subsystem and Special Processing Functions Requirements

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FUNCTION DESCRIPTION

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.1

TECHNICAL REQUIREMENT AREA: Provider Subsystem – Contractor Responsibilities

2.7.1 Provider Subsystem/Provider Enrollment

The Louisiana MMIS Provider Subsystem collects data on those providers enrolled in the Louisiana Medicaid Program. This data includes demographic, certification, historical rates, financial summary, and category of service. It relates group and individual providers, carries accounts receivable information, and notes any restrictions on provider claim payment. The Provider Subsystem files are essential to the Claims Processing; Recipient, Reference, Management and Administrative Reporting, Surveillance and Utilization Review; and Early and Periodic Screening, Diagnosis, and Treatment Subsystems for claims processing and reporting.

Throughout our 20 years of MMIS experience in Louisiana, Unisys has paid particular attention to maintaining accurate and up-to-date provider information. Provider processing problems are resolved quickly, and the impact on other subsystems and processes is mitigated. Whenever possible, Unisys recommends enhancements that will improve enrollment processes or subsystem performance. Figure 2-37, **Provider Subsystem Processing**, depicts the inputs, outputs, and controls associated with processing provider data.

A staffing chart identifying the personnel and level of effort required to maintain the Provider Subsystem/Provider Enrollment appears at the end of this section, along with a reference letter attesting to our successful operation of an MMIS Provider Subsystem.

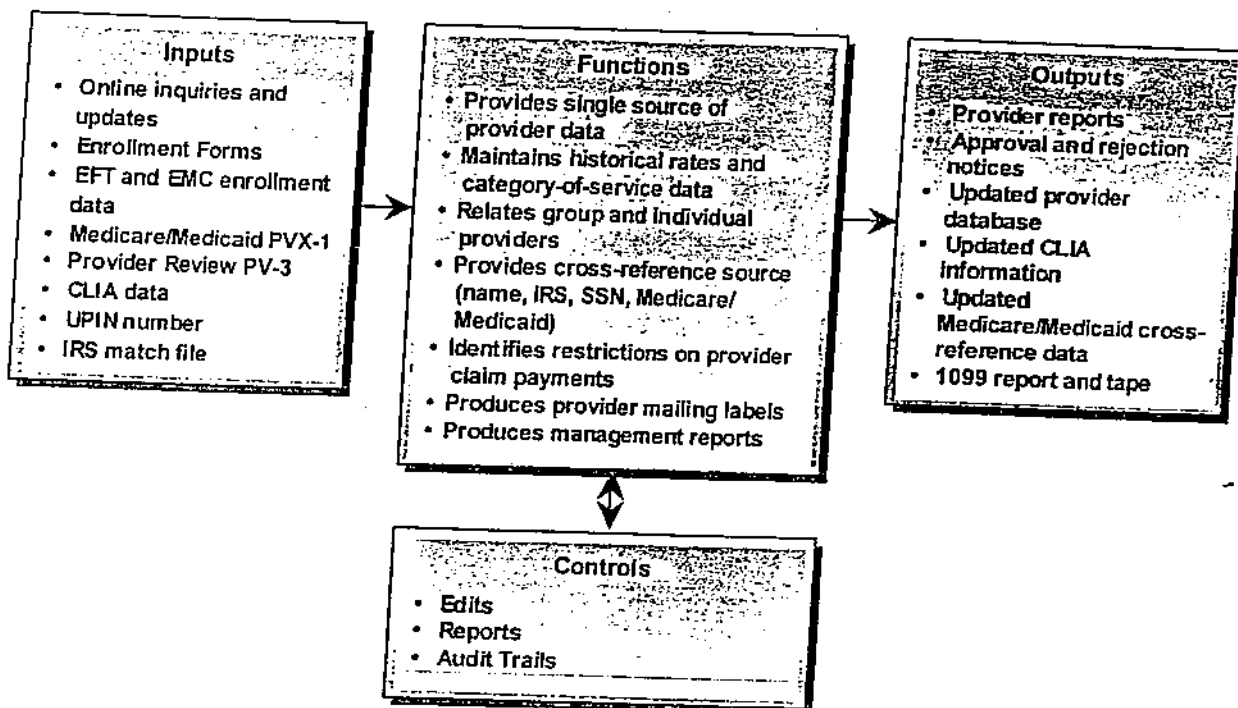


Figure 2-37, Provider Subsystem Processing

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.1

TECHNICAL REQUIREMENT AREA: Provider Subsystem – Contractor Responsibilities

2.7.1.1 Objectives

Unisys acknowledges and supports the eight objectives of the Provider Subsystem/Provider Enrollment as outlined in the SFP.

2.7.1.2 Description

Unisys understands that the Provider Subsystem maintains the following six major functions:

- 2.7.1.2.1 Provider Certification Function
- 2.7.1.2.2 Edit, Update, and Closure Function
- 2.7.1.2.3 Real-time Inquiry Function
- 2.7.1.2.4 Rate Change Capability Function
- 2.7.1.2.5 Reporting Function
- 2.7.1.2.6 1099 Function.

2.7.1.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to the Provider Subsystem and Provider Enrollment and will continue to work with and support DHH in carrying out each of the stated responsibilities.

2.7.1.4 Contractor Responsibilities

Unisys will continue to operate the Provider Subsystem/Provider Enrollment according to established procedures to ensure smooth, uninterrupted processing. Our commitment to successful performance of these functions is shown in the following response to each of the responsibilities itemized in the SFP.

2.7.1.4(1) Provider Enrollment Department

The Unisys Provider Enrollment Department is staffed with representatives trained in all provider enrollment activities for the Louisiana Medicaid Program. Using State-specified screening criteria, our representatives confirm that all Medicaid-enrolled providers are qualified and eligible to render services approved by DHH. Our staff assists the provider community through written correspondence and through telephone communications with the maintenance of an existing call center.

Unisys has maintained a Provider Enrollment Department since March 2001, when the enrollment function was transitioned from the State. We provide sufficient staff to enroll Medicaid providers into the Medicaid Program and maintain the Provider Enrollment System, as evidenced by our ability to consistently meet Department-established performance standards. We will continue to staff this function with levels that ensure compliance with these standards.

We also have demonstrated our ability to provide new functionality for the Provider Enrollment System with the implementation of the Unisys proprietary Provider Enrollment Tracking System (PETS), described in Proposal Section 2.7.1.4(29).

The specific functions performed by the Provider Enrollment Department are described in the following sections.

2.7.1.4(1)A Provider Enrollment Applications

The provider enrollment staff performs the following activities to ensure that enrollment applications meet State requirements:

FUNCTION DESCRIPTION

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.1

TECHNICAL REQUIREMENT AREA: Provider Subsystem – Contractor Responsibilities

-
- Review and revise enrollment forms and documentation as needed
 - Receive and control all provider enrollment requests, including new enrollments, updates to the Provider File, and other provider correspondence
 - Review all enrollment applications for completeness and accuracy, including the presence of all required supporting documentation
 - Sort and index all provider requests upon arrival for accurate and timely retrieval during the enrollment process
 - Process enrollment requests (new enrollments and change requests) as defined by DHH policy
 - Perform sanction checks through the Office of Inspector General (OIG), Excluded Parties List System (EPLS) websites, and the Centers for Medicare/Medicaid Services Medicare Exclusion Database
 - Assign unique Medicaid numbers as currently defined by DHH enrollment policy and notify the Files Maintenance Unit to upload these numbers to the Provider File.

Figure 2-38, Overview of Provider Enrollment Functions, shows existing functions performed by the Provider Enrollment Department.

2.7.1.4(1)B Enrollment and Denial Notices

When generating enrollment notices to providers, the Provider Relations Department performs the following activities:

- Produce reject letters for incomplete/inaccurate requests
- Produce provider notification letters for group linkages, electronic submitter numbers, new enrollments, and change of ownership
- Prepare provider notifications including notification of new enrollment, rejection of submitted requests, or denial of enrollment
- Obtain State approval on all letters and notices.

2.7.1.4(1)C Provider Correspondence and Inquiries

The Provider Enrollment Department processes correspondence/inquiries received from the State or federal agencies within time frames designated by the State. These requests may include reports showing changes in licenses issued by the Department of Social Services, changes in licenses issued by the Louisiana State Board of Pharmacy, updates or changes to existing rates, and Certification and Transmittal forms received from Health Standards.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.1

TECHNICAL REQUIREMENT AREA: Provider Subsystem – Contractor Responsibilities

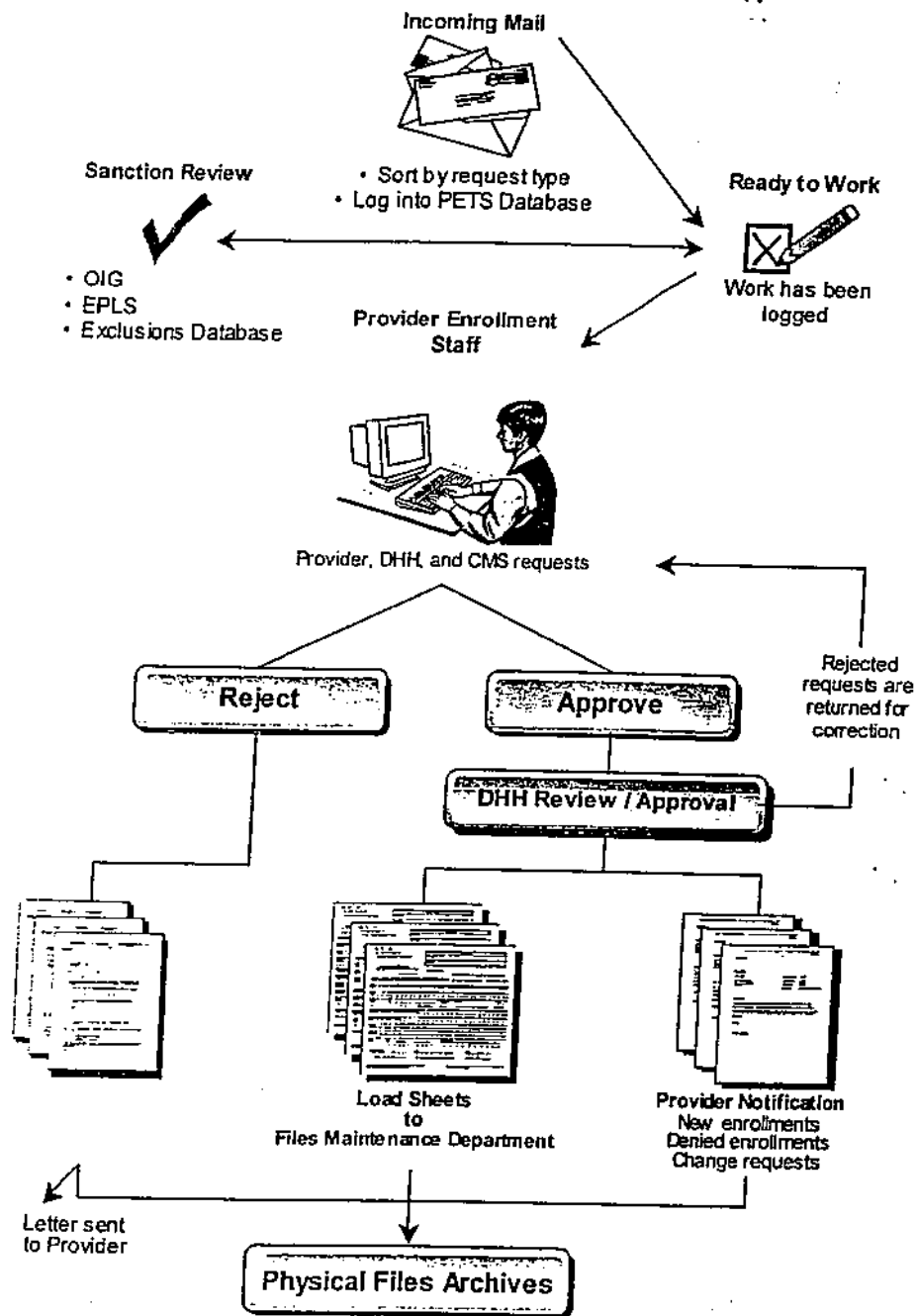


Figure 2-38, Overview of Provider Enrollment Functions

2.7.1.4(1)D Prescriber Numbers – Teaching Hospitals

The Provider Enrollment Department issues prescriber numbers to all approved Medical Schools for Residents receiving training.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.1
TECHNICAL REQUIREMENT AREA: Provider Subsystem – Contractor Responsibilities

2.7.1.4(1)E Prescriber Numbers – Other Professionals

For other healthcare professionals, the Provider Enrollment Department has the following responsibilities:

- Assign prescriber numbers to providers wishing to prescribe medication to a Louisiana Medicaid recipient but unwilling to complete the full enrollment requirements
- Issue prescriber numbers to requesting professionals within one day of receipt of request.

2.7.1.4(1)F Enrollment Process Assistance

The following additional enrollment process support is performed by the provider enrollment staff:

- Maintain physical provider records as required by the State
- Assist the DHH with provider inquiries received through telephone calls, correspondence, or office visits
- Receive requests for enrollment packets from providers without Internet access and forwards to Provider Relations Department for fulfillment
- Answer all State or provider requests for enrollment information received by telephone through the use of our telephony management system. Call statistics are maintained, evaluated, and monitored by supervisory staff.
- Process returned mail by locating providers with unknown addresses and securing the necessary paperwork to update the Provider File as required.

2.7.1.4(1)G Applications

Requests for enrollment applications are received in both the Provider Enrollment and Provider Relations Units. Provider relations staff mails out all enrollment packets. Unisys will continue to maintain sufficient staff to perform these Provider Enrollment functions within the time frames required by the State.

2.7.1.4(2) Provider Enrollment Procedures Manual

Unisys maintains an extensive Provider Enrollment Procedures Manual that includes the following information:

- Overview of provider enrollment functions
- Requirements for new enrollments, specific to provider types
- Requirements for provider change requests, including address updates, change of ownership, CLIA updates, closures, electronic funds transfer updates/enrollment, electronic media claims/electronic data interchange requests, group linkages/unlinkages, license updates, and the linkage of Medicare and Medicaid numbers.
- Requirement of sanction checks

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.1
TECHNICAL REQUIREMENT AREA: Provider Subsystem – Contractor Responsibilities

- Other useful and pertinent information, such as negative balances, the CommunityCARE and KIDMED programs, and the generation of 1099 forms.

Unisys continuously reviews this manual to ensure that it contains accurate documentation on the provider enrollment policies and procedures. Unisys will distribute hardcopies to both Provider Enrollment Department and Program Integrity staff when necessary document changes are completed and approved by DHH.

2.7.1.4(3) Creation and Revision of Provider Enrollment Forms

As part of our provider enrollment responsibilities, we review and revise all enrollment forms and offer recommendations for revisions. These forms may be revised for any of the following reasons:

- To supply provider information in a more useful or extensive manner to increase processing efficiency
- To capture additional provider information
- To better enable the provider community to submit complete and accurate enrollment requests
- To provide information to DHH for oversight and/or approval.

Once a form is identified as needing revision, Unisys creates a draft copy reflecting the changes and submits the form for State review. When DHH approval is received, the form is placed into production. If the changed form requires immediate notification to enrolled providers, we prepare draft remittance advice notices and submit them for DHH approval. Customarily, remittance advices notices are printed and distributed to providers for minimum of three weeks. New providers receive the updated forms as part of the enrollment packet.

2.7.1.4(4) Quarterly Automatic Closures

Unisys recognizes the importance of processing automatic closures on a timely basis to preserve the integrity of the Provider File. We have worked with DHH to develop and implement logic to identify inactive providers and automatically close their provider numbers. We will continue to ensure that this automatic closure logic is submitted and processed on a quarterly basis. The existing automatic closure logic has proven beneficial in notifying specific providers who are unable to located that they must re-enroll once their provider numbers are closed. This enables the information on the Provider File to be updated. As part of this closure process, reports identifying all closed providers with the end date identified are generated for DHH review. These reports are sorted by provider type and allow the State to review closure statistics on a higher level.

2.7.1.4(5) Provider Master File Maintenance

Unisys understands the importance of maintaining a current and accurate Provider File. We have made this maintenance a priority throughout our tenure as the fiscal intermediary. Unisys will continue to maintain the Provider File as described below.

2.7.1.4(5)A Online Updates

The Files Maintenance staff will continue to perform online, real-time updates to the Provider File within three (3) business days of receiving the information from DHH or the Unisys Provider Enrollment

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.1

TECHNICAL REQUIREMENT AREA: Provider Subsystem – Contractor Responsibilities

Department. Validity and field presence edits are performed on each field on the provider update screens. Any erroneous fields are highlighted and corrected. The entire record is written or rewritten, depending on whether this is an add or update transaction to the Provider File. Provider updates do not update financial information. All financial fields on the Provider File are maintained by the Financial Transactions and Payment Modules in the Claims Processing Subsystem. All completed online transactions are logged on the CICS Log File, which serves as an audit trail for reporting all online update activity to DHH. Unisys will be responsible for all expenses associated with the production and delivery of input forms used by DHH to transmit updates.

2.7.1.4(5)B Online Inquiry

Unisys will continue to provide daily real-time, online CICS inquiry capability to the Provider File for DHH and Unisys staff during normal business hours. Access is restricted by logon ID and controlled according to Unisys and DHH regulations. These security controls are supported by Access Control Facility (ACF2) rules. Through the use of multiple CICS screens, authorized users can view provider data, ranging from demographics to financial information.

2.7.1.4(5)C File Purge

Unisys automatically purges the Provider File of inactive providers within five (5) business days after receiving authorization from DHH. The Inactive Provider Purge Report shows the completed purge activity. Records are purged from the Provider File based on DHH-specified purge criteria. For example, no provider record that contains current financial information is purged.

2.7.1.4(5)D Prescriber-Only Indicator

Unisys currently maintains a prescriber-only indicator on the Provider File that shows those provider types granted prescriptive authority by the appropriate Licensing Board. The provider type includes: Doctor of Osteopathy, Physicians, Dentists, Prescribers Only (Provider Type = 33), and Certified Nurse Practitioners. This indicator uniquely identifies licensed professionals who may prescribe medication. In addition, Provider Type 33 identifies those providers who have prescriptive authority but are either not eligible to participate as Title XIX providers (e.g., medical school residents) or choose to not be "fully" enrolled meaning that they cannot be reimbursed for services rendered to Medicaid recipients. No providers will be enrolled as a Prescriber Only if they have an active provider number on file. This indicator is reviewed and assigned as needed during the existing enrollment process by Provider Enrollment staff.

2.7.1.4(5)E Models of Excellence Indicator

Once the Models of Excellence program is implemented, Unisys will modify the Provider File to include a Model of Excellence indicator. The indicator will accurately identify those providers who are enrolled in this new program.

2.7.1.4(6) Check Digit File Maintenance

The check digit function is an online CICS program that verifies and generates provider check digits. Unisys will continue to maintain the online check digit generator. This software generates the correct check digit entered number. If an eight (8)-digit number is entered (provider ID plus the check digit), then the check digit entered is verified.

2.7.1.4(7) Other File Maintenance

Unisys will continue to maintain other files that are required for operating the Provider Subsystem: Medicare/Medicaid Cross-Reference File, Provider Name Cross-Reference File, Provider Internal Revenue Service (IRS) File, and the Provider Social Security Number (SSN) File. The

FUNCTION DESCRIPTION

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Medicare/Medicaid Cross-Reference File is updated as discussed in Proposal Section 2.7.1.4(11). The Provider Name Cross-Reference, IRS, and SSN Files are updated as a function of the online Provider File update transaction.

2.7.1.4(8) Enrollment of Test Providers

The LMMIS currently supports several options for enrolling test providers in the system. These include the following:

- Enrolling providers on the test CICS region for system testing
- Using "dummy" provider numbers on file
- Using the enrollment indicator on the provider record to identify a "test" provider case in which claims can be either paid, pending, or denied.

These options are available for testing across all subsystems that interface with the Provider File.

2.7.1.4(9) Mailing Labels

Unisys will continue to supply DHH with gummed mailing labels containing the names and addresses of active providers, including in-state and out-of-state providers. There is flexibility within the sorting criteria for mailing labels. For example, labels can be produced by provider type, active/inactive or last remittance advice date. Labels are printed in the sort sequence requested, and delivered to the State within three (3) business days after receiving the request. Unisys will be responsible for all expenses associated with the production and distribution of mailing labels.

2.7.1.4(10) Reports Distribution

Unisys will continue to produce, validate, and distribute all required Provider Subsystem reports within the contract standards established by DHH. The Unisys Production Control Unit is responsible for scheduling production jobs to satisfy State timeliness requirements. Copies of the reports are delivered according to the distribution list, and State personnel sign the Transmittal Log when they receive the reports. In addition, we will continue to provide online COINSERV inquiry capability to all required reports. Unisys will be responsible for all expenses associated with the timely filing production and delivery of these reports to the State.

2.7.1.4(11) Cross-Reference File Maintenance

The Medicare/Medicaid Cross-Reference File contains provider Medicaid identification numbers sequenced by each provider's Medicare identification number. Unisys will continue to maintain this file. The current process for capturing crossover claims from Medicare carriers provides a report of Medicare numbers that are not cross-referenced on this file. These numbers are reported back to DHH for validation and/or update to the Medicare/Medicaid Cross-Reference File.

2.7.1.4(11)A Multiple Medicare Numbers

This Medicare/Medicaid Cross-Reference File supports the cross-referencing of an individual or group provider with multiple Medicare identification numbers to a unique Medicaid provider identification number for crossover claims adjudication.

FUNCTION DESCRIPTION

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2.7.1.4(11)B Online Inquiry Capability

Online inquiry of the Medicare/Medicaid Cross-Reference File will continue to be maintained for DHH and Unisys staff. When a Medicaid provider number is entered, all Medicare provider numbers that are cross-referenced to it are displayed.

2.7.1.4(11)C Updating Capability

Updates to the file will be completed within three (3) business days after receipt of authorization from DHH. The Unisys Provider Enrollment Department currently processes these updates within one (1) business day and will strive to maintain this standard.

2.7.1.4(12) EFT Medicaid/Financial Institution Function

The Electronic Funds Transfer (EFT) data is contained on the Provider File, where the provider ID and demographic data resides. The EFT includes the following data elements:

- ABA routing number
- Account number
- EFT enrollment date
- EFT effective date
- Account Type (checking or savings)
- Account status
- Date of last update
- Error reason code for rejected or returned funds transfer.

EFT data is updated online through CICS screens with DHH approval and automatically through bank interface files. The EFT account information is accessed by the Claims Payment Module to identify providers currently approved for EFT and to capture account information, including ABA routing number, for the direct deposit function.

Unisys has developed a process for interfacing with the chosen Automated Clearing House (ACH) bank to transmit EFT data and payment information in an acceptable format each payment cycle. In addition, the receipt of rejected or corrected transaction file(s) from the ACH are automatically updated on the Provider File upon receipt. Bank returns are processed daily and reported to the Unisys Provider Enrollment Department for correction of rejected account information and for DHH audit trail purposes.

The EFT payment file is transmitted in the National Automated Clearing House Association (NACHA) standard using ACH bank secured software.

Unisys will continue to maintain this process in a manner acceptable to and approved by DHH, monitoring and processing transactions according to the timeliness guidelines and ACH bank schedules.

2.7.1.4(13) 1099 Forms

Unisys will continue to produce, validate, and distribute 1099 forms and pay all expenses associated with these activities including production, stock paper, special forms, and postage expenses.

2.7.1.4(13)A Reconciliation

Unisys will continue to reconcile provider account balances to Medicaid Program payments no later than close of business on Tuesday of each week. We will accumulate totals from the Weekly Medical Vendor

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Reports (CP-0-69-7 through CP-0-69-15) and the Recovery Suspense Report (CP-0-76-3) and compare the result to the total on the Claims Activity Control Report (CP-0-14) and the bank tape control totals. This balancing process is normally conducted prior to the Monday morning of the Tuesday weekly checkwrite so that errors or problems can be caught and corrected without delaying issuance of checks, EFTs, and remittances.

2.7.1.4(13)B 1099 Error Correction

Unisys will continue to support the process of correcting claim payments or provider accounts found to be in error or out of balance. This process can involve audit recoupments of overpayments or payout of additional funds. Adjustments to provider accounts can be accomplished by using transactions to the Add/Pay Recovery File as necessary. The State initiates these transactions and the Unisys Financial Department receives, keys, and verifies these transactions for processing. Audit trail reporting is generated back to DHH for verification and balancing of the data entered. Any claims associated with the recovery or return of Medicaid payments are automatically voided or adjusted as warranted by the type of transaction.

2.7.1.4(13)C 1099 Review

Unisys reviews all 1099s before distribution to ensure accuracy. We verify that the amount is correct based on a comparison to the net totals of original claims amount paid, debit and credit adjustments, manual checks, add pay transactions, recovery amounts, returned monies, and negative balances.

2.7.1.4(13)D 1099 Mailing

Based on federal regulations, the 1099s are mailed to providers by January 31st of each year.

2.7.1.4(13)E IRS Mailing

Unisys will continue to produce a magnetic tape of the 1099 data for the Internal Revenue Service (IRS). We will send this tape by Federal Express to the IRS by February 15th of each year.

2.7.1.4(13)F Proof of Mailing

Unisys logs and files the tracking information from Federal Express as proof of receipt by the IRS. Hardcopy and tape corrections will be distributed as necessary. The backup end-of-year Provider File will be retained indefinitely for use should 1099s need to be regenerated or questions arise on data supplied to the IRS.

2.7.1.4(14) Electronic Biller Indicator

Unisys will continue to maintain an electronic biller indicator data element in the Provider File to ensure that only approved providers are eligible to submit claims electronically. The electronic billing indicator has the following values:

- 4-Pharmacy Point of Sale
- 3-Telecommunications
- 2-Diskette
- 1-Magnetic tape
- 0-Paper

The codes allow for downward approval; for example, code "3" allows for all of the below submissions, while code "1" allows for only magnetic tape and paper submissions. The billing indicator on the Provider File is associated with up to three (3) occurrences of submitter ID and effective beginning and

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end dates. This information is accessed in the claims edit process to verify submitter data on the electronic claim record.

The electronic billing indicator is also used by the new HIPAA processes that accept and process the 837 standard claim transactions to verify the submitter/provider is eligible to send electronic claims data.

2.7.1.4(15) Provider Change Requests

Provider change requests are routinely received by the Provider Enrollment Department and include the following types:

- Address/Phone Number Changes
- Change of Ownership (CHOW)
- Claim Type Removal
- Clinical Laboratory Improvement Amendment (CLIA) Updates
- Closures
- Correspondence
- Effective Date Changes
- Electronic Funds Transfer (EFT) Updates
- Employer Identification Number (EIN or Tax ID) Updates
- Electronic Media Claims (EMC) Submission Requests
- Enrollment Letter Requests
- Facility Bed Count Update
- File Updates
- Friends & Family Re-certifications
- Group Linkages
- Group Unlinkages
- License Updates
- Long-Term Care Rates/Updates
- Medicare Cross Reference Updates
- Name Changes
- Returned Mail (Mail/RAs)
- Termination Requests
- Third Party Biller Inquiries

These requests, received directly from providers, supply the Provider Enrollment Department with sufficient information for updating and maintaining the Provider File. Upon receipt, the requests are screened and checked for accuracy and completeness and prepared for imaging. Inaccurate or incomplete requests are returned to the provider for correction. Complete requests are imaged and enter into the PETS workflow system for processing according to established DHH policies and procedures. Each request type has specific procedures for processing as outlined by DHH that are followed by provider enrollment staff.

All updates to the Provider File require either the original signature of the provider or specific written direction from DHH. The only exception to this is the addition of a CLIA number to a provider's file. CLIA updates are routinely accepted without a provider signature as long as the appropriate Medicaid identification number is submitted. Unisys will continue to process provider change requests as part of the existing provider enrollment function.

2.7.1.4(16) Provider Enrollment Packets

Provider requests for enrollment packets are currently received by telephone inquiry and written requests in both the Provider Relations and Provider Enrollment Departments. Enrollment packets are mailed to the providers at least twice weekly. A report of each mailing is generated listing the names and addresses of the requesters, the date of the requests, provider type, date mailed, and the number of packets. Unisys will pay all expenses associated with the production and distribution of this report to DHH. The Provider Relations Department also maintains original data for audit and historical purposes.

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As part of the enhancements requested using web-enabled technology, the enrollment packets will be placed on the Internet for ready download by the provider community. See Proposal Section 2.11.9.1(19) for additional information on this enhancement.

2.7.1.4(17) Provider Master File Reports

Unisys will continue to support State requests for information on the Provider File, whether in report format or other designated electronic format for those interfacing agencies that require this information for processing. These interfaces include monthly copies of the Provider File to the KIDMED contractor for CommunityCARE/EPSTD services and the Medicaid Eligibility Data System (MEDS). This information will be disseminated according to State standards for timeliness and set processing period(s) at no cost to the Department.

2.7.1.4(18) CLIA File Updates

Unisys will continue to update the LMMIS Clinical Laboratory Improvements Act File (CLIA) with certification number, type, and effective dates received from CMS, providers, or the State. This function includes a weekly telecommunication download from the CMS database supported by the Online Survey Certification and Reporting (OSCAR) link. The information extracted from the CMS CLIA database is used to update the LMMIS CLIA File and to enhance the available data with the inclusion/exclusion of specialties and subspecialties and procedure codes as defined by CMS.

2.7.1.4(19) Provider File Mass Updates

Unisys will continue to perform mass updates to the Provider File within ten (10) business days after receiving a request from DHH, while continuing to ensure the integrity of this file. As the incumbent fiscal intermediary, we are currently performing this function on an average of three (3) days after receipt of a request from DHH. The mass updates will be triggered by online CICS real time update entries. All online transactions are fully edited for validity and field presence and any field found to be in error is highlighted for operator correction. Invalid entries are returned to the State; only valid entries are updated.

Other mass updates applied through the batch systematic updates include State-requested changes for annual budget reduction or per-diem rate changes associated with specific providers or groups of providers. This functionality has been incorporated into the system to support DHH special needs.

2.7.1.4(20) Provider Number Listing

Unisys will continue to use the software required to generate number listings to provide the State with lists of requested ranges of provider numbers with check digits. All DHH requests will be completed within three (3) business days after receipt, at no cost to the State.

2.7.1.4(21) Form 24 Retention

OFS Form 24 must be completed by physicians who wish to bill for diagnostic and laboratory services covered by Louisiana Medicaid. This form lists existing diagnostic and laboratory equipment and their capabilities. In addition, physicians are required to submit a revised OFS Form 24 to reflect newly purchased or leased laboratory and x-ray equipment.

Once the equipment is registered with the Unisys Provider Enrollment Department, physicians may begin billing for diagnostic and laboratory procedures. Provider Enrollment maintains a copy of the completed Form 24 in the provider physical records as outlined in Proposal Section 2.7.1.4(27).

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2.7.1.4(22) Provider Record Retrieval Capability

The Provider File currently holds data used to determine if a provider is actively enrolled in the Medicaid program. Data used to identify active versus inactive providers includes:

- Eligibility beginning and end dates
- Enrollment status
- Last remittance advice
- Number of claims (month-to-date) and (year-to-year).

These data elements are used for various extracts, reporting, and label generation. Unisys will continue to maintain this data to distinguish active and inactive providers.

2.7.1.4(23) Electronic Media Claims Requests

Unisys will continue to receive, process, and approve all Electronic Media Claims (EMC) provider billing agent agreements. The processing of these forms includes the loading of specific billing agent numbers on the Provider File. This allows existing controls to be utilized and ensures that only approved billing agents are allowed to submit claims on a provider's behalf. All approved agreements are sent electronically to the State for final approval and then forwarded to the Unisys Files Maintenance Unit for updating of the Provider File. Existing policies and procedures related to EMC billing agent agreements will continue to be used and revised as necessary.

2.7.1.4(24) Transmission of Changes to Files Maintenance

To ensure a separation of duties and prevent unauthorized updates to the Provider File, Unisys Provider Enrollment staff are unable to directly update the Provider File online. All updates are completed by the Provider Enrollment Department and forwarded to DHH staff for review and approval. If DHH staff is unavailable, the approvals of two (2) Unisys management staff are required. Once a request has received the necessary approval, it is forwarded to the Unisys Files Maintenance Unit for loading or updating to the Provider File. These updates are transmitted daily to Files Maintenance and are usually keyed within twenty-four (24) hours of receipt.

2.7.1.4(25) Provider Master File Accuracy

Current audit and review procedures enable the Unisys Files Maintenance Unit to review all changes made to the Provider File to ensure that all changes/updates are processed accurately and in a timely manner. At the conclusion of each day, all changes made by Files Maintenance staff are printed on the Provider Audit Trail report (PS-0-04). Each morning, Files Maintenance staff reviews the previous day's audit report against each approved provider add or change request for verification of accuracy. This established procedure of reviewing all entries is much broader in scope than the requested sample and ensures that all changes to the Provider File are accurate and complete. Should a discrepancy be identified, it is corrected immediately. These procedures enable the File Maintenance staff to maintain the integrity of the Provider File.

2.7.1.4(26) Provider Notification

The Unisys Provider Enrollment Department maintains many methods of provider notification, including letters advising a provider of a completed or denied enrollment request. Specifically, Provider Enrollment maintains the following provider notification letters:

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REFERENCE NUMBER: 2.7.2

TECHNICAL REQUIREMENT AREA: Recipient Subsystem - Contractor Responsibilities

2.7.2 Recipient Subsystem

The Recipient Subsystem is the vehicle for updating and maintaining eligibility data, producing recipient identification cards, performing edit activity, and producing balancing and validation reports. The State determines eligibility for Medicaid benefits. This eligibility information, received through the Medicaid Eligibility Data System (MEDS), the DHH CommunityCARE program, and online data entry, is contained in the Recipient Master File. A variety of subsystems and programs require eligibility information for processing. These include Claims Processing; Management and Administrative Reporting; Surveillance and Utilization Review; Early and Periodic Screening, Diagnosis, and Treatment; Third Party Liability; CommunityCARE; Eligibility Verification; and Data Warehouse.

The modules within the current LMMIS Recipient Subsystem perform several functions to support Medicaid processing. Specifically, they maintain eligibility data, provide online access to recipient data, process and utilize external data sources; generate capitation information; produce recipient identification card listings; generate reports, and process daily online updates for recipient personal data, long-term care coverage, and lock-in and lock-out. Processing functions are graphically presented in Figure 2-41, Recipient Subsystem Processing.

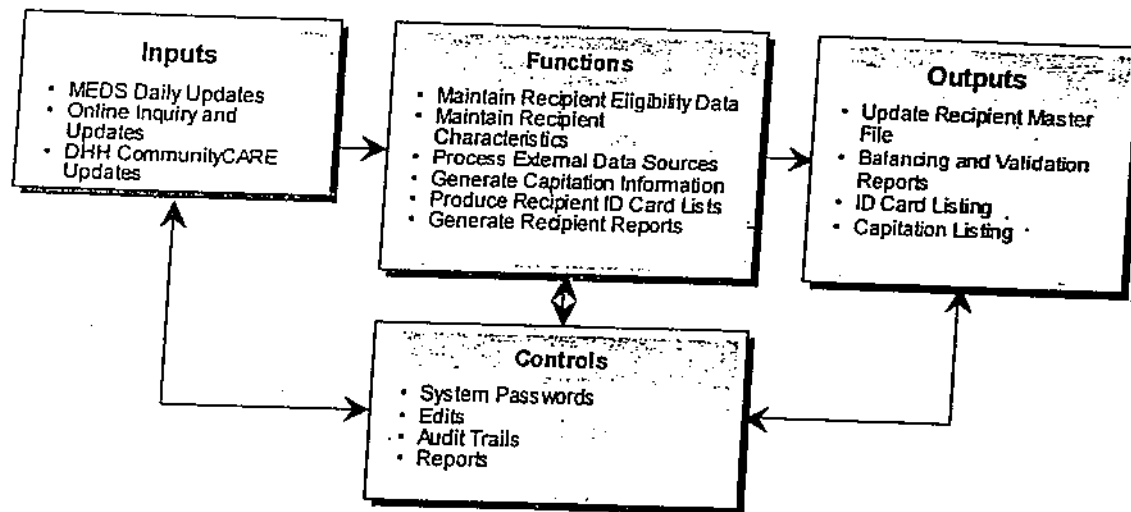


Figure 2-41, Recipient Subsystem Processing

An accurate, up-to-date Recipient Subsystem is one of the cornerstones of a viable Medicaid processing systems. Our knowledge of the Louisiana system and our approach to its successful operation is explained in the following sections. A reference letter attesting to our successful operation of a MMIS Recipient Subsystem appears at the end of this section.

2.7.2.1 Objectives

Unisys acknowledges and supports the objectives of the Recipient Subsystem as outlined in the SFP. We also acknowledge that items (4), (5), (13), and (14) of the Recipient Subsystem objectives are not current functions. Our approach to implementing these enhanced functions is included in Section 2.11.9.3 of our response.

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TECHNICAL REQUIREMENT AREA: Recipient Subsystem – Contractor Responsibilities

2.7.2.2 Description

Unisys acknowledges the description of the Recipient Subsystem as defined in the SFP.

2.7.2.2.1 Edit and Update

Unisys acknowledges the function of the Edit and Update as defined in the SFP. We also acknowledge that tasks (1) and (4) of this section are enhancements to the current edit and update functions of the LMMIS Recipient Subsystem. Section 2.11.9.3 describes our approach to the enhancement required in the edit and update functionality.

2.7.2.2.2 Online Inquiry

Unisys acknowledges the function of Online Inquiry as defined in the SFP.

2.7.2.2.3 Identification Card

Unisys acknowledges the function of the plastic magnetic swipe Medicaid recipient eligibility identification cards as defined in the SFP.

2.7.2.2.3.1 Objectives

Unisys acknowledges and supports the objectives of the Identification Card Module as defined in the SFP.

2.7.2.2.3.2 Description

Unisys acknowledges the description of the Identification Card Module as outlined in the SFP.

2.7.2.2.3.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities for the Medicaid Identification Card as defined in the SFP.

2.7.2.2.3.4 Contractor Responsibilities

Unisys acknowledges the contractor responsibilities for the plastic swipe eligibility card process within the Recipient Subsystem. In 1998, we partnered with DHH to design, develop, and implement a plastic swipe Medicaid eligibility card issuance system. We have successfully operated and maintained this system, which issues or replaces Medicaid Identification cards on a daily basis, according to the data received from the Medicaid Eligibility Data System (MEDS). The success of the plastic Medicaid ID card system has reduced the monthly mailing of Medicaid eligibility cards by over 95%, saving the State approximately \$1.8 million per year in mailing costs. The Medicaid ID card system also has demonstrated the capability to mass issue cards as needed.

2.7.2.2.3.4(1) ID Card Issuance System

The plastic Medicaid Card is a durable, high contrast card that displays the Medicaid recipient name, the card issue date and a unique card control number. This information is also encoded on the magnetic stripe on the back of the card in accordance with the American National Standards Institute (ANSI) X4.16-1983 track 2 Uniform Health Care ID Card standards developed by the ANSI X12.N subcommittee. The card also features a small hologram to discourage forgery and duplication of cards. We will continue to maintain and monitor this ID Card system throughout the new contract period.

2.7.2.2.3.4(2) Plastic ID Card Issuance

Unisys, through a subcontract with Oberthur Card Systems, issues a plastic Medicaid Identification Card to each recipient specified by the State through the MEDS interface to the LMMIS system. Each member

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.2

TECHNICAL REQUIREMENT AREA: Recipient Subsystem – Contractor Responsibilities

Prior to placing a system out of service for maintenance, Unisys will submit any scheduled downtime to the State for approval. Unisys gives top priority to restoring service to any Eligibility Verification System for any unscheduled outage occurrences. Unisys will report in writing any service outages to the State within two hours after the discovery of the occurrence of an outage.

2.7.2.2.3.4(6) Provider Access Capability

Unisys maintains provider access to eligibility data by telephone on the REVS, by computer access via secure direct Internet access to Unisys, and through vendors who supply POS devices, card readers, and additional, secure Internet access. Most REVS lines and access to the Unisys eligibility verification website are without charge to the provider. Unisys will keep the State apprised of any additional cost-effective methodologies for verifying eligibility as new technologies become available.

2.7.2.2.3.4(7) Confidentiality and Security

Unisys provides privacy, confidentiality, and security training to all fiscal agent staff. Training programs are updated and conducted annually to maintain a high level of awareness of these issues. We also have provided specific training on the updated privacy, confidentiality, and security regulations required by HIPAA to all employees at the Louisiana site and to other employees who handle Louisiana Medicaid data. We also continually update and monitor access to data on a "need to know" basis by maintaining access logon IDs and passwords to all computer systems. Access to specific data is controlled at the local site level as well as at the Unisys corporate level for the purpose of thoroughly safeguarding the data we are entrusted to protect. Unisys policy provides for conformance to these policies as a condition of employment.

2.7.2.2.3.4(8) Support of Telecommunications Vendors

Unisys provides support for prospective MEVS vendors by providing the following products and services.

- Vendor documentation that details connection and transaction interfaces
- Connection and access to a test region of the eligibility verification test system
- Test verification services
- Current list of Medicaid providers for marketing purposes
- Technical support for resolving communications issues with the Unisys systems
- Notification of issues concerning the Department.

Unisys provides support for approved MEVS vendors through

- Access to the Unisys help desk for communications support
- Notification of updates and changes to the MEVS product
- Access to the MEVS test region for testing
- Notification of problems that are reported by providers and deemed to be of concern to the vendor.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.2
TECHNICAL REQUIREMENT AREA: Recipient Subsystem – Contractor Responsibilities

2.7.2.2.3.4(9) Ongoing Support of Services

Unisys has historically taken a proactive approach to meeting federal requirements and has worked with the State to make any necessary changes in operations or format. We will continue to assist the State in remaining in compliance with current and upcoming State and federal regulations.

2.7.2.2.4 Eligibility Reporting

Unisys acknowledges the function of Eligibility Reporting as defined in the SFP.

2.7.2.2.5 Balancing and Validation

Unisys acknowledges the function of Balancing and Validation as defined in the SFP.

2.7.2.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to the Recipient Subsystem and will continue to work with and support DHH in carrying out each of the stated responsibilities.

2.7.2.4 Contractor Responsibilities

Unisys will continue to operate the Recipient Subsystem according to established procedures and to ensure smooth, uninterrupted processing. Our commitment to successful performance of these functions is supported in the following response to each of the itemized SFP responsibilities listed in this section.

2.7.2.4(1) Maintenance of the Recipient Eligibility File

Unisys understands the criticality of a Recipient Eligibility File within an MMIS and that the proper maintenance of the Recipient Subsystem is crucial to the successful operation of the LMMIS. We will continue to provide the experienced staff necessary to maintain the Recipient Subsystem.

2.7.2.4(1)A Capacity of Eligibility History

The existing eligibility history maintains up to 12 segments of eligibility data for basic program eligibility, long term care residency (51-NH), and Qualified Medicare Beneficiary and CommunityCARE linkage. Unisys will expand the capacity of the Recipient Eligibility File to include five (5) years of online and five (5) years of off-line eligibility history for each recipient. In order to provide for the most efficient eligibility processing, these eligibility segments will be arranged chronologically from most recent eligibility period to earliest.

2.7.2.4(1)B Daily Updates

Unisys will update the LMMIS Recipient Eligibility File daily in accordance with State-approved timeframes. The batch update process is performed upon receipt of the update transaction from the State Medicaid Eligibility Data System (MEDS). The daily transactions consists of 2 extract files -- one for the majority of type cases, and one for SLMB, Q1, Q2, and QDWI type cases only. Sub-record types 1 (Person), 2 (Swipe cards), 3 (Lock-in), 4 (AU Member), 5 (Parish), 6 (Eligibility) and 7 (Segments) are created as needed. The MMIS requires that MEDS always send a sub-record type 1 (Person) with any update. Updates to the file will be completed within the same night after receipt from the State.

2.7.2.4(1)C Online Updates

The Unisys Files Maintenance Unit will continue to apply online updates and resolve edit failures and other changes within two business days after receiving authorization on Form LMMIS/RC-1 from DHH. All online updates, including attempts, will be captured on the Transaction Log File and reported on the Recipient Audit Trail report. The Log File Audit Trail Report will contain a "before" and "after" image of

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.2

TECHNICAL REQUIREMENT AREA: Recipient Subsystem – Contractor Responsibilities

accessed records. Transaction registers will identify each updated record. Our Files Maintenance Unit, which is often commended by DHH staff for its accuracy and efficiency, will continue to maintain its high level of performance with the monitoring of the audit trail reports. Unisys will develop the capability of an online system between the Department and Unisys, based on requirements determined during the requirements analysis phase.

2.7.2.4(1)D Lock-in/Lock-out Updates

The Unisys Files Maintenance Unit will continue to process online updates for lock-in and lock-out restrictions after receiving authorization from DHH on one of two forms:

- LMMIS/SL-1 Request Form contains data for pharmacy and physician providers and effective dates for lock-in
- LMMIS/CCL-1 Request Form contains data for primary care physician and effective dates for lock-in.

Online updates are accomplished using the LAMCICS application.

Refer to section 2.7.2.4(9) for a description of the online update capability available to the Department.

2.7.2.4(1)E Long-Term Care Updates

Unisys will continue to update daily Long Term Care data fields utilizing data in the Form 18 LTC and 148 File. The selected data elements are from the MEDS daily updated transactions record type 7 (Segments). All edits, updates, and reports are processed in the MEDS daily batch update module. Online updates are accomplished using the LAMCICS application.

2.7.2.4(1)F TPL Field Updates

Unisys will continue to update the TPL indicator on the Recipient File using the TPL Resource File (private health insurance, Medicare Part A and Part B, and Medicare Buy-In data). These data are updated during the weekly TPL Resource File update process.

2.7.2.4(1)G Online Inquiry

Unisys will continue to provide online CICS inquiry capability to the Recipient File for DHH and Unisys staffs. Online inquiry is provided through the LAMCICS application.

2.7.2.4(1)H File Purge

Unisys will continue to purge the Recipient Eligibility File and associated records on the TPL Resource File and Service Limits File of all recipient records that have been closed for five years or more from the date of any purge. File data is purged only after authorization is received from the State. The purged data is recorded on three reports: Recipient ID Purge Listing (base), Recipient ID Purge Listing (trans.) and Recipient Name Cross-Reference Listing. Currently, these reports are produced on microfiche. Unisys retains the purged backup magnetic tape throughout the life of the contract. Unisys understands that the State may redefine the requirements for the file purge and we will work with DHH to accommodate such process changes.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.2
TECHNICAL REQUIREMENT AREA: Recipient Subsystem – Contractor Responsibilities

2.7.2.4(1)I File Media

Unisys will continue to maintain the Recipient Eligibility File on disk, organized as a Virtual Storage Access Method (VSAM) file, to facilitate its use in the CICS environment. Within this environment, the file is available for online inquiry and update capabilities. Also, Unisys retains ten (10) generations of backup tapes to facilitate disaster recovery and to provide research capability for eligibility data that has been rolled off the current file. The State may elect to define other media.

2.7.2.4(1)J Eligibility Maintenance

Unisys will expand the capacity of the Recipient Eligibility File to include five (5) years online eligibility history for currently eligible recipients and individuals. The capacity of having five (5) years of online eligibility will eliminate the need for current two-year timely filing overrides that occur when the appropriate eligibility segment has been rolled off the eligibility file.

2.7.2.4(1)K MEDS Daily Update

Unisys will continue to accept all eligibility data sent by MEDS. This data will be systematically sorted and edited prior to updating the Recipient Master File. This ensures that the Claims Processing Subsystem has accurate eligibility information and correct periods of coverage. The following sections describe aspects of the MEDS daily update.

2.7.2.4(1)K(1) Sequence Number Match

MEDS record type 6 (eligibility) provides the sequence number and recipient eligible data. The sequence number is unique to each piece of eligibility data sent to the MMIS for a recipient so that updates can be easily recognized by the system and changes can be processed for that unique piece of eligibility. Using a sequence number reduces the need for manual correction to the MMIS files. Unisys will continue to use MEDS and MMIS sequence number match for updating eligibility segments.

2.7.2.4(1)K(2) Multiple Transactions

Unisys will continue to accept multiple transactions from MEDS on the same day in the same file for updating, creating, or canceling eligibility segments.

2.7.2.4(1)K(3) Eligibility Removal

The State-defined removal code (closure code—27) is sent in the daily update transactions. We will continue to apply this code to the Recipient File to remove eligibility from MEDS and MMIS when it is not future eligibility.

2.7.2.4(1)K(4) Cross-Referenced MEDS Person Number

The existing Recipient Subsystem has the capability to cross-reference recipient data created before July 1999. To cross-reference recipient data created after July 1999, Unisys will enhance the Recipient Subsystem. To detect possible duplicate numbers, each recipient record is checked for the presence of other records with the same surname, first name, date of birth, race, sex and SSN. Matches will be cross-referenced to each other on the Recipient File. Unisys will maintain the Recipient Subsystem so that recipient identification is based on the Medicaid ID number active on the MEDS File, as provided by the Department on the daily update transaction.

2.7.2.4(1)L Timely Notification

Unisys will continue to provide basic provider information from the MMIS Provider File to MEDS. This information is collected so that the provider can be selected for MEDS certification when LTC or Waiver

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.2
TECHNICAL REQUIREMENT AREA: Recipient Subsystem – Contractor Responsibilities

category of assistance is added to MEDS and when hospice services are authorized. The file is transmitted weekly to Department via the TI connection between Department of Social Services (DSS) and Unisys.

2.7.2.4(2) Real-Time Online Inquiry

Unisys will continue to provide access to all recipient data through the online CICS inquiry. The base Recipient Subsystem currently allows online inquiry into the Recipient Eligibility data for viewing demographic and eligibility coverage data. The online screen displays all cross-referenced recipient IDs and segments of eligibility with corresponding dates, aid category, type case, cancel reason, approval code, and money payment code. Also, the QMB, LTC/Waiver/Hospice, Lock-in, LTC e-rate, SLMB, Q-1, Q-2, and QDWI eligibility periods are displayed. Unisys will continue to provide online inquiry capability to the Recipient Name Cross-Reference File. This inquiry capability allows users to search for a recipient by last name, race, sex, date of birth, and SSN.

2.7.2.4(3) Other Files Maintenance

We will continue to maintain all other files not specifically referenced that are required for operating the Recipient Subsystem. Among these files are the Medicare Health Insurance Claim (HIC) Cross-Reference File, Medicare HIC Extract Tape, and TPL Resource File.

2.7.2.4(4) Reports Generation and Distribution

Unisys will continue to produce, validate, and distribute all Recipient Subsystem reports within contract standards. The Unisys Production Control Unit is responsible for scheduling production jobs to satisfy State timeliness requirements. The unit also performs specific validation checking and balancing routines as defined in the Production Operations Manuals. Copies of the reports are delivered according to the distribution list, and State personnel sign the Transmittal Log when they receive the reports. In addition, we will continue to provide online COINSERV inquiry capability to all required reports. Unisys will be responsible for the expenses associated with the timely production and delivery of these reports to the State.

2.7.2.4(5) Eligibility Card Production and Distribution

Unisys will continue to produce and mail medical eligibility swipe cards to all eligible recipients within two (2) business days after the eligibility file is updated. Unisys will continue to be responsible for expenses associated with the production and distribution of eligibility cards. Refer to section 2.7.2.2.3 for detailed information of the Recipient Subsystem Identification Card function.

2.7.2.4(6) Recipient Mail Outs

Unisys will continue to maintain the capability to print recipient notices and first class mailings upon State request. The contents of notices are established by the State. Unisys will be responsible for the incurred expenses associated with the production and distribution of approximately eight (8) mailings of eligibility notices per calendar year.

2.7.2.4(7) Recipient Balancing and Validation

To provide the most accurate recipient information, Unisys will continue to perform a reconciliation of the MMIS Recipient Eligibility File from MEDS recipient data. The Balancing and Validation Module identifies discrepancies, missing records, duplicate records, and possible multiple eligibility situations. This reconciliation and purge process is performed within three (3) business days after receiving the reconciliation or purge notices from the State. Reports are produced as directed by the Department.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.2
TECHNICAL REQUIREMENT AREA: Recipient Subsystem – Contractor Responsibilities

2.7.2.4(8) Cross Referencing Procedures

The existing Recipient Subsystem has the capability to cross-reference recipient data by using recipient ID, SSN, and/or card control number (CCN). Unisys will maintain the SSN-Recipient and CCN-Recipient cross-reference files. Unisys will enhance number cross-referencing to ensure that all data relating to a single recipient is properly cross-referenced as referred to in SFP Section 2.11.5, Required Enhancements.

2.7.2.4(9) Lock-In and Lock-out

The Recipient Eligibility File maintains lock-in and lock-out information to restrict a recipient to two (2) pharmacy and four (4) physician providers. The Claims Processing Subsystem accesses this information to restrict payment for certain claim types to certain providers for services rendered to the recipient. The Unisys Files Maintenance Unit will continue to process online updates for lock-in/lock-out status after receiving authorization from DHH. Unisys will develop the automated "lock-in" and "lock-out" system for provider and recipient interface with Models of Excellence Providers as required. We will also work with the Department to develop online update capability for designated DHH staff. The specifications for these enhancements will be discussed during the design phase.

2.7.2.5 Policy Conformance

Unisys will conform to the policies set forth in the SFP by DHH. We will maintain accurate and current recipient eligibility records to ensure that only eligible individuals receive medical assistance from Medicaid for services for which they are eligible. We will also ensure that we preserve the confidentiality of all recipient records.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.3

TECHNICAL REQUIREMENT AREA: Reference Files Subsystem - Contractor Responsibilities

2.7.3 Reference Files Subsystem

Over the last 20 years Unisys has worked closely with the Department to establish an effective Reference Files Subsystem. As a result, Unisys provides the State of Louisiana a Reference Files Subsystem that is flexible, easy to use, and backed by years of design experience and solid performance. The functions and capabilities of this subsystem meet DHH objectives and goals and satisfy all reference data maintenance requirements of the SFP. Figure 2-42, **Reference Files Subsystem**, illustrates the inputs, functions, outputs, and controls associated with reference data.

The Louisiana MMIS accepts a wide variety of reference information from several different sources and media.

- Procedure, rate, NDC, diagnosis, edit/audit criteria, and edit disposition updates that have been approved by the State
- Drug related information and prices from a drug pricing service
- Drug rebate related data from CMS
- Procedure and pricing data from Medicare Part A and B carriers
- HCPCS related data from CMS
- CLIA related data from CMS
- Diagnosis and procedure data from ICD-9-CM and DSM III
- Diagnosis Length of Stay (LOS) data from HCIA
- Recipient Medicare Identification numbers from Recipient Master file and TPL Resource File.

Unisys will correctly apply updates to related reference data within limits specified by the Department.

A reference letter attesting to our successful operation of a MMIS Reference Files Subsystem appears at the end of this section.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.3

TECHNICAL REQUIREMENT AREA: Reference Files Subsystem - Contractor Responsibilities

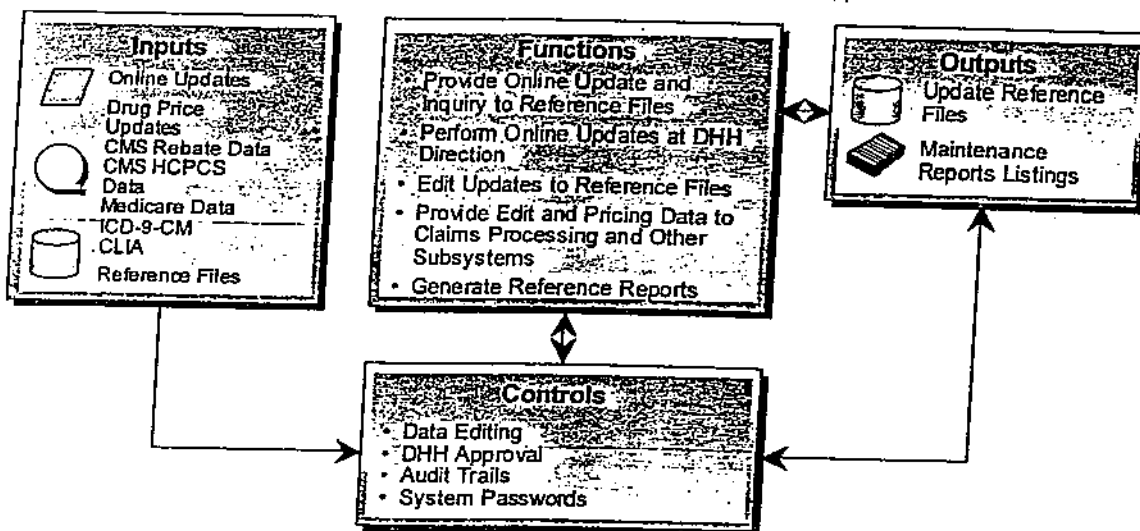


Figure 2-42, Reference Files Subsystem

2.7.3.1 Objectives

Unisys acknowledges and supports the objectives of the Reference Files Subsystem as outlined in the SFP.

2.7.3.2 Description

Unisys acknowledges the description and functions of the Reference Files Subsystem as defined in the SFP. However, Unisys recognizes that the requirement for procedure modifiers and Models of Excellence indicators on the Procedure Formulary File is not part of the existing LMMIS design and will be implemented as future enhancements. The developments will include all batch and real time updates, screens, reporting, as well as incorporate claim pricing methodologies. The implementation dates will be determined during requirements analysis.

2.7.3.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to the Reference Files Subsystem and will continue to work with and support DHH in carrying out each of the stated responsibilities.

2.7.3.4 Contractor Responsibilities

Unisys will continue to operate the Reference Files Subsystem according to established procedures and to ensure smooth, uninterrupted processing. Our commitment to successful performance of these functions is supported in the following response to each of the itemized SFP responsibilities listed in this section.

2.7.3.4(1) Reference File Update Editing

The Louisiana MMIS Reference Files Subsystem supports online update of the reference files through CICS software applications. All online updates are authorized by hardcopy request forms or web-based requests from the Department. All online transactions are fully edited for validity before updating the files. Online transactions containing errors are returned to the user through formatted screens with fields in error highlighted and with appropriate error messages displayed. All complete online transactions are

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.3
TECHNICAL REQUIREMENT AREA: Reference Files Subsystem - Contractor Responsibilities

logged on the CICS Transactions Log File that serves as input for audit reporting of all Reference Files Subsystem online activity.

The Reference Files Subsystem also supports batch update of information from external organizations for drug pricing, diagnosis, and usual and customary charges. All batch update transactions are fully edited for completeness and accuracy and are supported by both update records and error reports. This level of editing supports file consistency and integrity to drive accurate claims processing edits and pricing methodologies as well as to support the Management and Administrative Reporting (MAR) and Surveillance and Utilization Review (SUR) Subsystems.

In addition, annual HCPC/CPT updates are applied to the Procedure File from files acquired from the appropriate national code set source. The data in these file updates are reported back to DHH for review and approval prior to individual manual update of the code(s).

Migration to HIPAA compliant Reference Files began in 2002. Data is only updated to reference files when compliant with HIPAA.

2.7.3.4(2) Real Time Online Inquiry

Unisys will continue to maintain real time online inquiry capability for all designated Reference Files. The screen displays accommodate data on the files as needed for research, payment determination, and authorization determination. CICS online features permit limiting specified users of the Reference Files Subsystem files to inquiry only. The access method is similar for each type of reference data. The user logs on to gain access to MMIS online inquiry functions by entering a user ID and password. This ID is used to identify any user-specific access restriction via the Access Control Facility (ACF2) security software installed on the mainframe. The user's ability to access a given file is controlled by this data and by access control restrictions for the terminal being used.

Online inquiry capability is available for the following reference files:

- Procedure File
 - PRCI Procedure File Inquiry (Medical)
 - DENI Procedure File Inquiry (Dental)
 - DRGI Procedure File Inquiry (Drug)
- Diagnosis File
 - DIAI Diagnosis File Inquiry
 - DXPD Pediatric Diagnosis File Inquiry
 - DXPS Psychiatric Diagnosis File Inquiry
- Recipient Service Limitations File
 - SVIQ Service Limits File Inquiry
- Error Text File
 - ERRI Error Text File Inquiry
- Prior Authorization File

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.3
TECHNICAL REQUIREMENT AREA: Reference Files Subsystem - Contractor Responsibilities

PAUI Prior Authorization File Inquiry
PATI Transportation Prior Authorization File Inquiry
PADI Pre-Admission Certification File Inquiry

- CLIA File
CLII CLIA File Inquiry
- TPL Carrier File
ISNI TPL Carrier File Inquiry
- Medicare/Medicaid Cross Reference File
MPXI Medicare/Medicaid Cross Reference File Inquiry

2.7.3.4(3) Real Time Online Updates

Unisys will continue to maintain a Files Maintenance Unit whose function is to apply all authorized online updates to the Reference Files maintained through this process. All authorized update forms are stamped with Unisys date of receipt, and a Files Maintenance Unit staff member signs and dates the form when the data updates have been successfully entered online. The update forms are filed in the Files Maintenance Unit and logged on a status sheet in order to monitor turnaround times ensuring all updates are applied within three (3) business days of receipt. The reference files listed in the SFP have real time online update capability.

Staff assigned to input the information must enter an assigned user ID and password to gain access to any MMIS online function. The user ID/password is used by the ACF2 software to check user-specific access restrictions. The ability to perform specific maintenance functions is controlled by the restrictions that apply to the ID/password and the terminal used. The user indicates whether a record is to be added, changed, or deleted and enters the identifier for the specific record. After completing the specific maintenance transaction, the user may continue to select additional transactions until all required maintenance is complete.

All CICS update transactions to the Reference Files Subsystem are automatically recorded on the CICS Transactions Log File. Each night this file is used to generate audit trail activity reports indicating the "before" and "after" images of affected records, including purged records. The File Maintenance Unit staff reviews the Audit Reports that verify the activity attached to each file matches the requests received by the unit. This provides a check and balance to guard against illicit updates.

Reference Files Subsystem online screens are used as a means to provide both inputs to and outputs from the subsystem. As inputs, online screens are used to add records to subsystem files, to update information already resident on subsystem files, and to request deletion of information already resident on subsystem files. As outputs, online screens are used to display requested information to DHH and Unisys users.

2.7.3.4(4) Manual Batch Updates

Unisys will continue to maintain manual batch update capabilities and process all updates within three (3) business days after receiving written authorization from DHH for the designated files. Requests are received via the Special Request Form (SRF) process with the file media varying based on the requirements of the SRF.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.3
TECHNICAL REQUIREMENT AREA: Reference Files Subsystem – Contractor Responsibilities

Reports are generated after each update, reflecting update activity and exceptions. Along with external tape file batch updates, Unisys will continue to supply data entry support for in-house batch update processing. As described in Proposal Section 2.7.3.4(3).

2.7.3.4(5) Medicare/Medicaid Cross-Reference Updates

Unisys will continue to update the Recipient Medicare/Medicaid Cross-Reference File monthly using both the Recipient Master File and the TPL Resource File. Using both files as input allows the Medicare/Medicaid Cross-Reference File to carry all Medicare identification numbers that have been assigned to each recipient.

2.7.3.4(6) Procedure Formulary File Updates

Unisys will continue to update the drug records in the Procedure Formulary File weekly, with data provided by a DHH-designated supplier, First Data Bank, within three (3) business days of receiving the update tape. Unisys produces the following reports during the update process:

- Drug Update Report (RF-0-08-5)
- Drug Update Error Report (RF-0-08-2)
- Drug Update Control Total Reports (RF-0-08-3)
- Drug Update Adds and No Updates (RF-0-08-1, RF-0-08-4).

Unisys will pay fees associated with the procurement of DHH-designated supplier tapes. Unisys understands that prompt maintenance of data is critical to the ability of the MMIS to provide the best possible service to DHH and to the provider and recipient communities. Since these updates are routinely received at a set time each week, Unisys automatically schedules a weekly update process for the same night of normal data receipt, unless the DHH designated contractor indicates a delay in tape shipment. The ability to process pharmacy claims correctly and in a timely manner is dependent upon the availability of accurate and current data on the Reference Files Subsystem drug records. The data on the drug update tape affect the editing and pricing of these claims. Manual updates will continue for federal upper limits and Louisiana Maximum Allowable Cost (LMAC) data, as this information is not provided by First Data Bank.

2.7.3.4(7) Magnetic Tape HCPCS Updates

Annually, and without additional charge to DHH, Unisys will continue to process the magnetic tapes for HCPCS update and produce a report of differences between the tape and file by comparing the data on the update tape to the contents of the Procedure Formulary File. All new codes will be added to the file with a "no pay" status. Obsolete codes as defined by DHH are purged from the file and reported in the Daily Online Procedure Formulary Audit Trail (RF-0-02-1). Unisys performs real time online updates to the Procedure Formulary File after receiving authorization from DHH, which also includes the setting of the status from "no pay" to "pay" where applicable.

2.7.3.4(8) Magnetic Tape National Clinical Lab Fee Updates

Unisys will continue to process the magnetic tapes for National Clinical Lab Fee updates from the Medicare fiscal intermediary every six months without additional charge to DHH. The Lab Fee Report is produced by comparing the data on the update tape to the Procedure Formulary File. Unisys performs real time online updates to the medical records after receiving authorization from DHH.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.3

TECHNICAL REQUIREMENT AREA: Reference Files Subsystem – Contractor Responsibilities

2.7.3.4(9) Reports Distribution

Unisys is committed to the production of accurate reports. The Reference Files Reports are generated monthly, quarterly and annually (state/federal). Unisys strives for a paperless environment. The production reports are accessible using a web browser via the COINSERV Reports Archive facility on the LMMIS Intranet website. **Figure 2-43, Reference File Reports**, lists key reports generated by the Reference Subsystem.

Number	Report Name	Frequency
RF-0-02-1	Daily Online Procedure Formulary Audit Trail	Daily
RF-0-02-2	Daily Online Diagnosis File Audit Trail	Daily
RF-0-03-1	Procedure Formulary List	Monthly
RF-0-03-3	Diagnosis File Listing	Monthly
RF-0-05-1	Monthly Provider Fee File Listing	Monthly
RF-0-05-4	Home Health Agencies Usual and Customary Rates	Daily
RF-0-05-5	Daily Provider Fee File Update Activity Listing	Daily
RF-0-06-1	Daily TPL Carrier File Updates	Daily
RF-0-07-1	Prior Authorization File Purge Listing – PA Number Sequence	Monthly
RF-0-07-2	Prior Authorization File Purge Listing – Provider Sequence	Monthly
RF-0-07-3	Prior Authorization File Purge Listing – Recipient Sequence	Monthly
RF-0-07-5	Monthly Chisholm Reporting	Monthly
RF-0-07-6	Weekly Chisholm Requests Received	Weekly
RF-0-08-1	Weekly Drugs Adds	Weekly
RF-0-08-2	Weekly Drugs Pricing Updates	Weekly
RF-0-08-3	Weekly Drugs No Updates	Weekly
RF-0-08-4	Drug Update Control Totals	Weekly
RF-0-08-6	Procedure/Formulary Drug Updates by Fields	Weekly
RF-0-12	Monthly Error Text Listing	Monthly
RF-0-13	Prior Authorization Audit Trail	Daily
RF-0-14	Daily Online Error Test Audit Trail	Daily
RF-0-15-1	Monthly Edit Audit File Listing	Monthly
RF-0-16-1	Case Mgmt Prior Authorization Audit Trail	Weekly
RF-0-16-3	MH Rehab Prior Authorization Audit Trail	Weekly
RF-0-16-4	Waiver Services Prior Authorization Error Report	Weekly
RF-0-16-4B	Waiver Services Prior Authorization Error Report Totals	Weekly
RF-0-19	Daily Hospital Pre-certification Audit Trail	Daily
RF-0-20	Online Log File Control Total Report	Daily
RF-0-24	Daily Audit Trail of Medicare Medicaid Updates	Daily
RF-0-26	Daily CLIA Update Audit Trail	Daily
RF-0-26-1	Monthly Summary of Pre-Admission LOS Requests	Monthly
RF-0-27	Daily Summary of Turn Around Times Exceeding Allowed	Daily
RF-0-28-1A	Daily Summary of Turn Around Times Exceeding Allowed Approved and Denied Cases Within Last 30 Days	Daily
RF-0-28-1B	Daily Summary of Turn Around Times Exceeding Allowed Approved and Denied Cases Within Last 30 Days	Daily
RF-0-36-1	Monthly Statistical Report on MAC Drug Pricing	Monthly
RF-0-36-3	Monthly Comparative Report on MAC Drug Pricing	Monthly
RF-0-37-1	Precert File Purge Listing – Precert Number Sequence	Monthly

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.3
TECHNICAL REQUIREMENT AREA: Reference Files Subsystem – Contractor Responsibilities

Report Number	Report Name	Frequency
RF-0-37-2	Precert File Purge Listing – Recipient Sequence	Monthly
RF-0-37-4	Transportation PA File Purge Listing – Transportation PA Sequence	Monthly
RF-0-37-5	Transportation PA File Purge Listing – Recipient Sequence	Monthly
RF-0-54	Home Health Agency U&C Rates	Quarterly
RF-0-58	Monthly Waiver Participants Listing	Monthly
RF-0-60	Precert Approved Days	Quarterly

Figure 2-43, Reference File Reports

Included are reports on request, as well as update reports that cover records purged from the Reference Files Subsystem files as defined by DHH. Unisys will pay all expenses associated with the timely production, validation, and delivery to DHH of Reference Files Subsystem reports.

2.7.3.4(10) File Update Backups

Unisys will continue to maintain paper copies of all file updates and forward copies to DHH when the request is sent on paper. Most of the requests are currently sent via the LMMIS Intranet. Each hardcopy Reference File form is filed separately in chronological order by date of update, or by record key, whichever provides easier retrieval. Those requests that are submitted via the web can be viewed using the LMMIS Intranet. CICS Transaction Log File reports have been placed on COINSERV for viewing.

2.7.3.4(11) Pricing Error Referrals

Unisys will continue to refer pricing errors discovered in either the Procedure Formulary File or the Usual and Customary Fee File to DHH within one business day of detection. Unisys contacts DHH immediately to determine if there is actually an error, and if that is the case, the entry in error will be corrected upon approval by DHH. Unisys employees discover potential pricing errors during routine review of file updates and through research of incorrect claim payments or denials.

2.7.3.4(12) Mailing Labels

Unisys will continue to pay all expenses associated with producing and delivering to DHH gummed mailing labels containing provider and/or recipient names and address within three (3) business days of receiving a request. The selection of mailing labels is not format dependent, so labels can be sorted by provider type, parish, etc., to satisfy DHH requirements.

2.7.3.4(13) Medicare/Medicaid Cross-Reference File Tape

Unisys will continue to pay all costs associated with producing and sending to the Medicare Part B fiscal intermediary a tape of the Recipient Medicare/Medicaid Cross-Reference File within five (5) business days of the last business day of each month. These tapes consist of recipient Medicaid and Medicare numbers, which assist the intermediaries/carriers in selection of claims to crossover to LMMIS for payment of deductible and co-insurance amounts. Currently six (6) agencies are approved and listed below:

- Palmetto Government Benefits Administrators
- Blue Cross/Blue Shield of Arkansas
- Blue Cross/Blue Shield of Mississippi
- Mutual of Omaha Medicare
- Administar Federal
- Trailblazer Health Enterprises.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.3
TECHNICAL REQUIREMENT AREA: Reference Files Subsystem – Contractor Responsibilities

2.7.3.4(14) Provider Mailouts

As an appendix to the Provider Manual, we will continue to produce a list of drugs which are covered by the Medicaid Program, giving the Louisiana Maximum Acquisition Cost (LMAC) or Federal Upper Limits (FUL) price where applicable. This will continue to be known as Appendix A. This list will be updated when new LMAC or FUL prices are sent to us, and copies will be sent to the providers as requested by DHH, up to three (3) times a year. In addition, Appendix B of the Provider Manual, which lists the Drug Efficacy Study Implementation (DESI) drugs by NDC, and Appendix C of the Provider Manual, which lists the manufacturers and labelers who have signed the rebate agreement, will also be sent to providers.

All three (3) appendices will be amended as changes occur; this list of amendments will be mailed, with a provider manual, to new providers. Existing providers will be informed of these changes by a message on a remittance advice, each message appearing for the time period requested by DHH. The information in all three (3) appendices is available on the provider website maintained by Unisys. Hardcopy listings will continue to be mailed.

Complete lists of procedures and their rates will be sent to providers annually; three (3) quarterly updates are also sent.

Unisys recognizes that the procedure modifier is currently not included as part of these mail outs, and will define this requirement during analysis and requirements definition.

2.7.3.4(15) CLIA File Updates

Unisys will continue to maintain the current batch process of updating the LMMIS CLIA File with certification number, status, and effective dates from CMS-supplied files including the CMS Online Survey Certification and Reporting (OSCAR) interface as well as changes submitted by DHH. CLIA Match List and CLIA File List reports are generated during the batch update process to provide the Department with a record of the information that has been added/modified. All online updates to the CLIA File are recorded in the Log File Report. All of these reports are available on COINSERV.

2.7.3.4(16) Diagnosis File Updates

Unisys will continue to maintain the process of purchasing the ICD-9-CM diagnosis codes and updating the Diagnosis Files in batch, as directed by DHH, on an annual basis. The current system has been assessed for expansion to the ICD-10CM code set. Migration to ICD-10-CM will require enhancement to the system including building new diagnosis files, new online update/inquiry accesses, and changes to interfacing subsystems including Claims Processing. The impact to the LMMIS will be defined during requirements definitions with DHH and implementation based upon either DHH desired implementation date or federal mandated effective date.

2.7.3.5 Policy Conformance

Unisys will conform to the policies set forth in the SFP by DHH with respect to the Reference Files Subsystem.

PROGRAM AREA: Subsystem and Special Processing Functions Requirement

REFERENCE NUMBER: 2.7.4

TECHNICAL REQUIREMENT AREA: Claims Processing Subsystem - Contractor Responsibilities

2.7.4 Claims Processing Subsystem

The primary objective of the Claims Processing Subsystem is to process and adjudicate claims. From initial claims receipt to post-payment analysis, ongoing monitoring and control of all aspects of the claims process is necessary for efficient service and careful cost control. In order to effectively administer such a program, the appropriate Claims Processing Subsystem must be in place, and managed in an effective manner. Unisys recognizes that such a subsystem must be user-friendly in order to elicit the most productive and accurate usage by staff members, allow low-cost adaptability for future needs, ensure validity of data, and meet federal guidelines in order to receive the maximum federal financial participation.

The claims processing function is the core of the MMIS. The way claims are handled from receipt to final adjudication is a determining factor in the success of any MMIS operation. We recognize this process as the largest and most complex of the MMIS functions, and as a result, we take great pride in the efficiency with which we manage the claims processing operation for our customers.

The claims processing function of the Louisiana MMIS consists of a combination of both automated and manual processes that perform the tasks necessary to receive, adjudicate, and pay claims in an accurate, efficient, and timely manner as described in this section.

The Claims Processing Subsystem performs the automated processes necessary for claim adjudication. This subsystem relies on information maintained by the Reference, Provider, Recipient, and Third Party Liability Subsystems to process claims to final adjudication. All provider claims for the Louisiana Medicaid Program are processed through the Claims Processing Subsystem and are subject to complete and comprehensive editing. The edits are designed to determine coverage in accordance with state and federal policies and procedures and to prevent erroneous payments.

The Claims Processing Subsystem, which also supports processing of various interfacing sub-systems, is responsible for providing adjudicated claims and financial data to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); Management and Administrative Reporting (MAR); Surveillance and Utilization Review (SUR); and Third Party Liability (TPL) Subsystems in order to support their processing and reporting functions. **Figure 2-44, Claims Processing Management**, illustrates the inputs, functions, outputs, and controls associated with claims processing functions.

PROGRAM AREA: Subsystem and Special Processing Functions Requirement

REFERENCE NUMBER: 2.7.4

TECHNICAL REQUIREMENT AREA: Claims Processing Subsystem - Contractor Responsibilities

2.7.4.4.5(8) Lien/Levy Withholding of System-Generated Checks

The existing Claims Processing Subsystem allows for the automated withholding of all or a portion of system-generated checks for providers who have a lien/levy against their account. This process allows for a lien/levy to be set up against a provider so that any specified amount or percentage is withheld from the provider's check. The system automatically generates a check of the amount withheld to the designated organization holding the lien or levy. A check to the provider is generated for any remaining amount. This automated process is easily controlled since all lien/levy data is entered online real-time to the Provider File for the affected provider.

Audit trail reporting, Modified Lien/Levy Report (CP-0-82), is generated prior to each weekly cycle reflecting new accounts and continuing account balances. Lien/levy activity is reported after each checkwrite, identifying providers affected, amounts withheld, and any balances remaining.

In addition, procedures exist that will accommodate the replacement of a system generated check with a replacement check as appropriate and directed by DHH.

2.7.4.4.6. Claims Resolution Responsibilities

Unisys will continue to support the resolution of pended claims to determine claim approval, cutback, or denial. In addition, claims resolution and medical review staff will continue to forward and track those claims requiring review and payment determination by the Department.

2.7.4.4.6(1) Claims Resolution and Medical Review

Unisys will continue to maintain the claims resolution and medical review staff, who are very knowledgeable about claims processing data requirements. Staffing in those areas will be in accordance with SFP Section 2.6.4.1. The Unisys staff assigned to these functions have several years experience and training. They have made suggestions throughout the life of the contract on the claims editing process that were implemented with DHH approval. These changes have significantly increased the effectiveness of the review process.

2.7.4.4.6(2) Claims Control Procedures

Unisys claims resolution staff normally do not refer claims to DHH or other entities, but in the event this is required, Unisys will establish a comprehensive control log for all claims referred off-site to either DHH or a review contractor. The log will be automated to track the claims from date of referral to return. A report will be generated based upon an aging factor to ensure timely return so that these claims are adjudicated within the applicable claims processing time parameters. All claims referred off-site will require a signed receipt and be properly logged.

2.7.4.4.6(3) Data Entry Error Correction

To ensure quality and integrity in the correction of possible data entry errors, Unisys uses the original claims and computer worksheets to identify the error field flagged for review. Corrections are made to all identified suspended claims that result from data entry errors within three (3) business days. Information contained on the claim document is examined by claims resolution staff to determine data corrections to be made. Data contained on attachments to the claim form are also reviewed as appropriate for claim adjudication or denial. Data corrections are entered online to the suspended claim record. Each operator has an identification number for tracking purposes.

PROGRAM AREA: Subsystem and Special Processing Functions Requirement REFERENCE NUMBER: 2.7.4
TECHNICAL REQUIREMENT AREA: Claims Processing Subsystem - Contractor Responsibilities

2.7.4.4.6(4) Prepayment Review

The Unisys Medical Review Unit conducts prepayment reviews on claims pending for medical decisions. Providers placed on prepayment review by DHH are flagged on the Provider File, resulting in suspension of the provider's claims to the Medical Review Unit. The review process determines medical necessity and conformance to state and federal policy and regulations as specified by DHH.

2.7.4.4.6(5) Medical Necessity Verification

Claims suspended by the processing system for medical review are printed on pending resolution worksheets and routed to the Medical Review Unit after each daily and weekly processing cycle. Medical review personnel verify medical necessity according to constraints of medical policy to ensure compliance with program requirements as specified by DHH and federal regulations. Policy dictates medical necessity based on the recipient's diagnosis, history, and procedures performed. Medical review staff review the provider's medical and operative dictation attached to the claim, as necessary.

2.7.4.4.6(6) Prepayment Review Denials or Payment Reductions

The Unisys Medical Review Unit authorizes denials or cutbacks as specified in the prepayment review plan submitted through the Surveillance and Utilization Review Subsystem (SURS). The Files Maintenance Unit enters the prepayment review status on the Provider File. The claims are suspended to medical review from the daily processing cycle. Claims are reviewed by trained Medical Review staff for compliance with the prepayment parameters. Claims failing the criteria for payment will be denied. Claims meeting the payment criteria are paid according to the plan established by SURS.

2.7.4.4.6(7) Provider Master File Review Indicator

Unisys maintains data on the Provider Master File that allows a provider to be placed on review, causing any claims to pending for review. In addition to an indicator, there is the capability to identify a range or ranges of procedure code and effective dates that will restrict claims for prepayment review services.

This review indicator on the Provider File is updated online by the Unisys Files Maintenance Unit after receiving written authorization from DHH, within three (3) business days of receipt of the prepayment review request.

2.7.4.4.6(8) Prepayment Review Reporting Requirements

Unisys will continue to provide DHH with a monthly report of all claims that were pending for prepayment review. This Monthly Prepayment Review Report (CP-0-64) provides claim activity data, including pending and review dates to ensure claims were reviewed and worked by the Medical Review Unit within the ten (10) workday turnaround time. Other data listed will identify the final status and payment of the claim so that review uniformity and accuracy can be monitored. Unisys will continue to deliver this report to DHH on or prior to the fifth (5) working day of the month following the report month.

2.7.4.4.6(9) Claim Universes and Claim Samples for Audit Functions

Unisys will comply with all sampling requests from DHH to meet CMS, state/legislative, MQC/CPAS, and QC audit functions. The claims universe will be established according to direction from DHH or CMS, based upon predetermined intervals. Unisys will pull the claim samples and all associated documentation according to the requirement and deliver them to DHH within ten (10) business days following the receipt of a request. Unisys understands that CMS-mandated System Performance Reviews (SPR) samples are performed on a monthly basis for six months and that Claims Processing Assessment System (CPAS) samples are performed on a monthly basis for six months. Unisys further acknowledges that other sampling may be required by DHH and will support additional requests.

PROGRAM AREA: Subsystem and Special Processing Functions Requirement REFERENCE NUMBER: 2.7.4
TECHNICAL REQUIREMENT AREA: Claims Processing Subsystem - Contractor Responsibilities

2.7.4.4.7 Health Insurance Portability and Accountability Act (HIPAA)

Unisys began an effort in December of 2000 to conform to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law required payers to be compliant by October 16, 2002, which was later extended to October 16, 2003. This project required that the following be accomplished:

- Acceptance of the EDI Standard Transactions. A health plan is required to have the capacity to accept and/or send a standard transaction for a specific type function that is supported either hardcopy or electronically.
- Elimination of state-assigned ("local") code sets or misused standard code sets, and replacement with the HIPAA defined code sets.

Unisys initially performed a detailed gap analysis to determine the standard transaction data needed by the MMIS to support claims processing, and which data in these transactions were required on outbound standard transactions. This analysis resulted in a detailed document that included data mappings of the standard transactions to LMMIS. These maps were used to develop claims front-end processes that would receive, accept, edit, and build the internal claims record. This gap analysis led to many files being modified and converted to accommodate structural changes.

In addition, a separate local codes identification and mapping process began that incorporated a core team from DHH as an integral part of the success of this project. The Unisys HIPAA team worked in conjunction with DHH staff to resolve the local code sets, communicating changes in claim billing procedures to the provider community, and establishing a schedule by which a phase-in of HIPAA standard codes could be accomplished.

The LMMIS files conversion was the primary task to be completed and the system was made ready for accepting and processing the new EDI data formats.

The following transactions have been updated and are HIPPA compliant:

- 837
- 835
- 835
- 276/277
- 278
- NCPDP 5.1.

The 834 and 820 transactions are not current function of the LMMIS. If these transactions are introduced into the LMMIS, the EDI transaction will be developed and implemented.

In addition to the EDI standards mandatory implementation, the HIPAA rule for privacy standards was implemented in April 2003.

The following items will be implemented once the formats and rules are finalized and become law:

- 275 claim attachment transaction
- First report of injury (if needed for Medicaid)
- National Provider Identifier (NPI) and provider taxonomy.

PROGRAM AREA: Subsystem and Special Processing Functions Requirement REFERENCE NUMBER: 2.7.4

TECHNICAL REQUIREMENT AREA: Claims Processing Subsystem - Contractor Responsibilities

Unisys keeps abreast of any changes in law, addenda to transactions, or other mandated rules as they come into effect, including the 275 claim attachment, First Report of Injury, and the National Provider Identifier and Taxonomy.

Unisys staff remains involved in the national HIPAA workgroups where information is gathered and disseminated related to the HIPAA rules and transactions. These workgroups allow a mechanism for providing state specific requirements to national workgroups for consideration when developing these standards and regulations. This process in turn helps Unisys to achieve the highest standard of compliance when implementing HIPAA transactions and code sets, while satisfying Louisiana specific needs. Unisys is committed to implementation of all HIPAA mandated rules and standards so that system integrity is maintained, and compliance is met.

2.7.4.5 Policy Conformance

Unisys will conform to the policies set forth in this section with respect to the Claims Processing Subsystem.

PROGRAM AREA: Subsystem/Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.5

TECHNICAL REQUIREMENT AREA: Management and Administrative Reporting - Contractor Responsibilities

2.7.5 Management and Administrative Reporting

Starting in 2001, Unisys worked closely with the Department to enhance and modernize the Management and Administrative Reporting Subsystem (MARS) by migrating selected reports from the old COBOL mainframe logic to a client/server application using the MARS Data Warehouse (MDW) and SAS software. By the end of 2003, we successfully migrated all CMS and DHH required reports, and we completed the remediation of MDW for HIPAA. These accomplishments have established a unique, state-of-the-art MARS application that places the state of Louisiana at the forefront of MMIS innovation.

MDW houses a minimum of six (6) full fiscal years (state and federal) online and four (4) full fiscal years (state and federal) off-line of LMMIS claims, eligibility, provider and reference information. The MDW provides an independent, isolated computing platform that is used to generate CMS, DHH and ad hoc reports.

The State needs a MARS that is flexible enough to deal with changing management information needs and new program initiatives. Unisys proposes to continue to provide such a system.

2.7.5.1 Objectives

Unisys acknowledges and supports the objectives of the MARS as outlined in the SFP.

2.7.5.2 Description

Unisys acknowledges the description and functions of MARS as defined in the SFP. Unisys also acknowledges the MARS enhancements as defined in section 2.11.9.7 of the SFP.

2.7.5.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to MARS and will continue to work with and support DHH in carrying out each of the stated responsibilities.

2.7.5.4 Contractor Responsibilities

Unisys recognizes that there are several responsibilities associated with maintaining and operating a functional, correct MARS, and we have established appropriate quality control measures to ensure the integrity of MARS and the MDW. We will continue to operate MARS according to established quality control procedures to ensure smooth, uninterrupted processing. We are committed to the successful performance of these functions as described in each of the itemized SFP responsibilities listed in this section.

2.7.5.4(1) Processing Flows and Reports

Unisys will continue to work closely with DHH in an effort to produce the most current and relevant information needed. We will continually review and analyze MARS processing flows and reports to determine and implement any changes required by the Department. By working closely with key personnel in the DHH MMIS Section, we have established a two-tiered mechanism for the review of all MARS reports. First, Unisys MARS analysts assess each report generated during the monthly, quarterly, and annual production cycles by comparing report results against similar Claims Processing Subsystem control reports. If the assessment does not balance, then the MARS analysts examine the cause and implement appropriate corrections. These actions occur before any MARS report is placed in production on COINSERV. Second, Unisys MARS analysts meet with their counterparts at DHH to perform detailed

PROGRAM AREA: Subsystem/Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.5

TECHNICAL REQUIREMENT AREA: Management and Administrative Reporting - Contractor Responsibilities

quality control (QC) reviews of the MARS reports. Only when the reports pass the QC reviews are they placed in production on COINSERV.

2.7.5.4(2) Scope of Enhancements

Unisys acknowledges the enhancements of MARS as defined in section 2.11.9.7 of the SFP. We present our approach to delivering the MARS enhancements in Proposal Section 2.11.9.7.

2.7.5.4(3) MARS User's Manual

Unisys will continue to update and maintain the existing MARS User's Manual for the duration of the contract. The manual is maintained by Unisys MARS analysts as a Microsoft Word document, and in addition to instructions for using the manual, it contains the following items for each MARS report.

- Instructions for reading and interpreting of the report
- Description of the purpose and content
- Detailed sample layouts
- Description of each data element displayed on the report
- Indication of which objective(s) in the State Medicaid Manual has been satisfied.

Unisys will perform the initial update of this manual to reflect all new MARS reports based on implementation of SFP-specified refinements. We will submit the updated manual to DHH for review and approval, after which Unisys will produce and deliver ten (10) copies of the approved MARS User's Manual to the Department.

Unisys will incorporate an index matrix into the manual that will identify the utility and capability of each report. This matrix will be a lasting reference guide to MARS reports, and will facilitate access to material by all users of the manual.

Throughout the period of the contract performance, Unisys will evaluate each requested change to the MAR Subsystem to determine its effect on the MARS User's Manual. As necessary, Unisys will update the manual to accurately reflect MARS processing after changes are implemented. Unisys will pay all expenses associated with the updating of the existing MARS User's Manual.

Unisys will also publish the MARS User's Manual on the MARS Information page of the LMMIS Intranet web site. It is available there as a downloadable Word document.

2.7.5.4(4) MARS Training Program

To comply with all SFP-specified requirements for developing and implementing a MARS training program, Unisys will:

- Obtain DHH approval for all training materials
- Provide DHH with ten copies of the finalized training materials
- Develop a program structure that emphasizes information contained in the MARS User's Manual
- Complete the training program by May 1, 2005

PROGRAM AREA: Subsystem/Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.5

TECHNICAL REQUIREMENT AREA: Management and Administrative Reporting - Contractor Responsibilities

- Pay all expenses associated with the development of a training program and training materials
- Pay all expenses associated with providing training to DHH and Unisys staffs
- Enhance current training programs by implementing the training requirements defined in Section 2.7.5.4. of the SFP.

Unisys proposes to conduct MARS training in a classroom environment. The training program will include graphic and visual aids in addition to printed handouts designed to increase understanding and utilization of all MARS reports by both DHH and Unisys staff. The training program's scope of discussion will be tailored to fit the individual needs of those attending the program.

Each session will begin with a general overview of all the reports. The agenda of the training program will allow all participants to freely ask questions and will include audience participation. If multiple sessions are required, it is recommended that users with similar information needs be grouped into a session together. This will facilitate a more customized user-oriented presentation.

Upon the completion of each training session, the audience will be encouraged to fill out forms evaluating the effectiveness of the session. Unisys will use input gained from these evaluation forms to enhance future sessions.

2.7.5.4(5) LMMIS Documentation

The LMMIS documentation is comprised of system documentation, programming documentation, and operation documentation. Unisys will maintain accurate and complete online and hardcopy LMMIS documentation throughout the period of the contract performance in accordance with the documentation requirements specified in Section 2.6.3.12 of the SFP. We will also update existing documentation or develop new documentation, as required, based on the implementation of new or revised software into a production environment. Unisys will assume all costs incurred in the development and maintenance of this documentation and provide the Department with copies.

2.7.5.4(6) System Testing

All software programs updated or developed by Unisys will be subjected to system testing as defined in section 2.6.3.11 of the SFP. The data quality process ensures the accuracy and validity of the information in the MDW. It is a two-step process consisting of a review of the monthly data extract and load statistics, and a monthly/quarterly review of the MARS reports produced by the reporting module.

- The MDW Data Extract Process consists of these components:
 - A mainframe data extract and cleansing module (eligibility, claims, reference, and provider)
 - A mainframe-to-server data download process
 - A SQL Server Database Load process using Microsoft's Bulk Copy Procedure (BCP) and Data Transformation Services (DTS)
 - A data validation and verification process.
-

PROGRAM AREA: Subsystem/Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.5

TECHNICAL REQUIREMENT AREA: Management and Administrative Reporting - Contractor Responsibilities

The MDW Data Extract Process is run monthly after the last claim check-write for the month and the monthly claims activity file has been created. The MDW Data Extract Process requires approximately three working days to complete the following steps: Extract/Cleansing, Download (via OUTBOUND), Load/Update (via SQL Server Bulk Copy Procedure). Data validation and verification requires an additional working day.

As part of the monthly MDW Extract Process, quality control measures are required by Unisys production control staff and the MDW data base administrator to verify the completeness of the extract data. **Figure 2-52, MDW Monthly Extract** depicts the monthly data extract process.

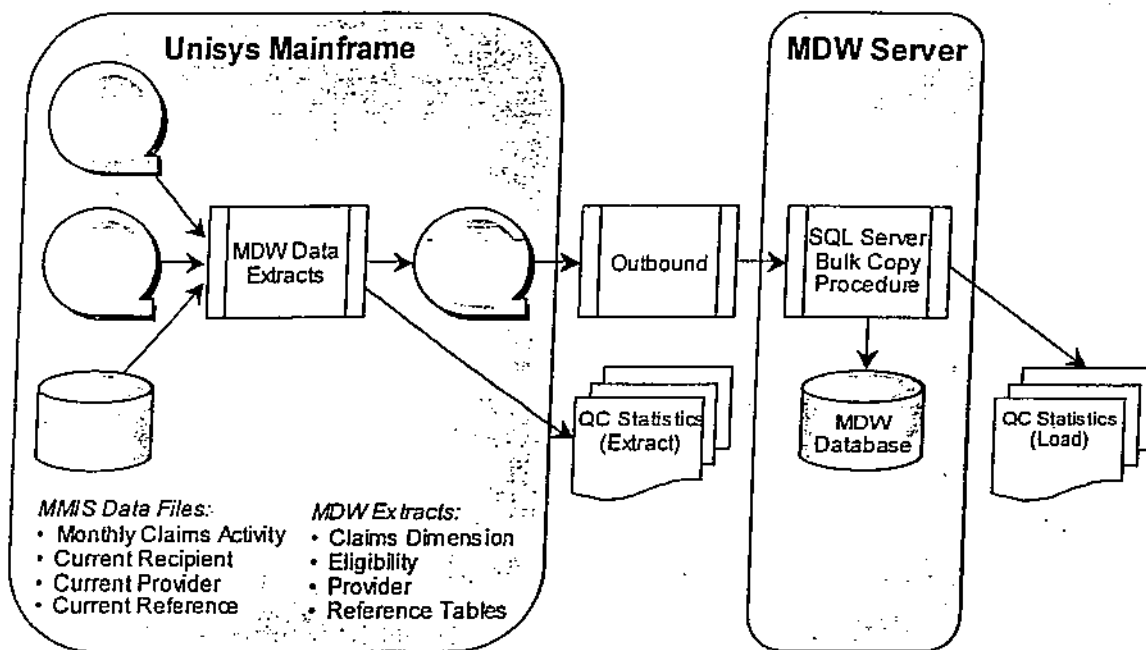


Figure 2-52, MDW Monthly Extract

2.7.5.4(7) Acceptance Testing

Unisys will implement an end-user acceptance testing system as defined in section 2.6.3.11 of the SFP. User acceptance testing will not only test the new or modification application software, but will also test changes or additions to manual procedures. Upon internal validation of user acceptance testing results, Unisys will deliver all test results to the Department for its review and approval.

2.7.5.4(8) Parallel Run

Upon DHH approval of acceptance tests, Unisys testing will include the comparison of the production run results with the parallel test run results to note differences. Where differences cannot be explained due to refinements, detail logic will be corrected and re-tested prior to the parallel test phase.

PROGRAM AREA: Subsystem/Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.5

TECHNICAL REQUIREMENT AREA: Management and Administrative Reporting - Contractor Responsibilities

2.7.5.4(9) Systems Development Methodologies

Unisys will utilize a System Development Methodology (SDM) for implementation of all MARS refinements. The SDM supports the software development life cycle process and addresses the three phases of the life cycle process: design phase, development phase, and implementation phase.

Design Phase

The function of the Design Phase is to establish a clear understanding and feasibility of the required changes to the system and to develop a detailed approach documenting how the system will be modified to satisfy the processing requirements of the requested change. Unisys will meet with DHH as necessary to discuss all required enhancements to MARS.

Unisys will then determine the extent of system changes required to support each of the enhancements. At three separate points in the design process, Unisys will prepare the following documents delivered for DHH review and approval: Requirements Analysis Document (RAD), General System Design (GSD) Document and/or Detailed System Design Document.

Development Phase

The Development Phase consists of two major functions: software modification and software system testing. During the period of software modification, Unisys will update LMMIS software based on detailed specifications presented in the DSD document. After making the required software modifications, Unisys will perform system testing as described in Section 2.7.5.4(6).

Implementation Phase

The major function of the Implementation Phase is to establish operational readiness for the implementation and operation of all refinements. During this phase Unisys will do the following.

- Conduct final user acceptance testing
- Implement modified software into a production environment
- Develop user manuals
- Conduct Department and Unisys staff training
- Update LMMIS documentation
- Monitor enhancements in the operational environment
- Implement the detailed Operational Plan.

2.7.5.4(10) Enhancements

Our commitment is to be responsive to the State's needs; therefore, Unisys proposes to design, develop, test and implement all required enhancements within specified time frames.

2.7.5.4(11) LMMIS Subsystem Interfaces

Unisys will design, develop, operate and maintain all MARS interfaces with other LMMIS subsystems. The main interfaces are with the Adjudicated Claims, Recipient, Provider and Reference files.

2.7.5.4(12) Training Manual and Program

Unisys is committed to creating and furnishing a training manual and to developing a training program for MARS. The training manual will contain an explanation and example of each report. Unisys will conduct training sessions twice a year as determined by the Department and will be responsible for all expenses associated with the development and production of the training manual plus costs associated with providing required training to DHH staff as defined in Section 2.7.5.4(4).

PROGRAM AREA: Subsystem/Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.5

TECHNICAL REQUIREMENT AREA: Management and Administrative Reporting - Contractor Responsibilities

2.7.5.4(13) MARS Reports

Unisys is committed to the production of accurate and quality reports. The MARS production reports are generated monthly, quarterly and annually (state, federal). Unisys strives for a paperless environment. The production reports are accessible using a web browser via the COINSERV Reports Archive facility on the LMMIS Intranet website. The majority of ad hoc reports are distributed electronically in a secure format (zipped, password protected). Unisys is committed to providing the DHH with a MARS that will enable the State to effectively manage the Medicaid Program.

We have established a two-tiered mechanism for the review of all MARS reports. First, Unisys MARS analysts assess each report generated during the monthly, quarterly, and annual production cycles by comparing report results against similar Claims Processing Subsystem control reports. If the assessment does not balance, then the MARS analysts examine the cause and implement appropriate corrections. These actions occur before any MARS report is placed in production on COINSERV. Second, Unisys MARS analysts meet with their counterparts at DHH to perform detailed quality control (QC) reviews of the MARS reports. Only when the reports pass the QC reviews are they placed in production on COINSERV.

2.7.5.4(14) MARS Report Changes

Unisys encourages all Department employees to suggest changes that will further enhance efficiency and operation of the LMMIS. If in the operation of MARS and in the use of MARS reports, the Department identifies changes that would be beneficial, we will work with the DHH MMIS Section to accomplish the recommended changes. The established mechanism to enable changes is established via the System Project Tracking (SPT) web application, which permits Department personnel to electronically create design change requests (DCRs) that describe, authorize, and plan the needed changes. DCRs are reviewed, approved, and prioritized by Department personnel in the DHH MMIS Section, and then they are submitted to the Unisys Systems Manager for assessment by the Unisys MARS Manager. The MARS Manager assigns individual DCRs to members of the Unisys MARS team.

2.7.5.4(15) MARS Reports Production

Unisys will be responsible for all expenses associated with the timely production and delivery of MARS production reports. Reports produced in the formats specified will be distributed within the specified time frames as listed below:

- All monthly reports will be produced and delivered within five (5) business days following the end of the reporting month.
- All quarterly reports will be produced and delivered within five (5) business days following the end of the reporting quarter.
- All annual reports will be produced and delivered within ten (10) business days following the end of the reporting year.
- All specially requested reports will be produced and delivered within five (5) business days from the date of request unless otherwise agreed to by the Department.

PROGRAM AREA: Subsystem/Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.5

TECHNICAL REQUIREMENT AREA: Management and Administrative Reporting - Contractor Responsibilities

2.7.5.4(16) Ad Hoc Reports

Unisys will continue to fully support the ad hoc reporting needs of the Department for the duration of the contract. Ad hoc reports may be generated on either the MDW or the mainframe. Unisys has in place an established procedure for requesting ad hoc reports (called Special Report Forms or SRFs) using the web-based SPT application. Unisys will continue to use and support SAS Enterprise Guide as a tool for ad hoc queries. In addition, Unisys is proposing the use of other ad hoc query tools such as Crystal Reports software and SAS Data Mining software as outlined in Proposal Section 2.11.9.7.

2.7.5.4(17) Verification

The data quality process ensures the accuracy and validity of the information in the MDW. It is a two-step process consisting of a review of the monthly data extract and load statistics, and a monthly/quarterly review of the MARS reports produced by the reporting module. As part of the monthly MDW Extract Process, quality control measures are required by Unisys production control staff and the MDW data base administrator (DBA) to verify the completeness and accuracy of the extract data. This is accomplished in a two-step manner. First, the DBA and MARS Manager examine control totals reports that are generated by the mainframe extract program by comparing them to existing, relevant control reports generated by the Claims Processing Subsystem. Items compared are claim counts and payment amounts by claim type and claim status. If the comparison is verified, then the DBA loads the new extract data onto the MDW in a temporary status (i.e., the new data cannot be utilized in a production mode at this point). Then the DBA and MARS Manager run a series of established queries and reports using the new MDW data, and compare the report totals to those of the mainframe extract reports and the Claims Processing Subsystem reports. Only when these totals are verified does the DBA modify the status of the new data for production usage. At this point the new MDW data is made available for use in the MARS report processing cycle and by Department and Unisys end-users who wish to query the MDW.

After the MARS processing is concluded, balancing of MARS reports occurs by comparison to existing, relevant reports generated in the Claims Processing Subsystem. If a discrepancy is discovered, the MARS Manager will diagnose the problem, direct programming changes where necessary, and oversee the production rerun process. The MARS Manager will notify DHH and the Unisys Systems Manager if a problem is discovered, and then log the problem on the Unisys web-based Problem Tracking Log (PTL). Any processes that are identified to correct the problem are recorded on the PTL record.

2.7.5.4(18) Online Report Distribution

MARS production reports are available online via the COINSERV software. Anyone in the Department employee with access to the LMMIS Intranet has access to these reports. The reports can be viewed online or downloaded for later viewing. Confidential reports are sent to DHH through a secured Internet file transfer process.

2.7.5.4(19) Operation and Maintenance of Enhancements

Unisys is committed to operating and maintaining the MARS in accordance with Section 2.7.5 of the SFP. This will be accomplished via extensive analysis when a change to MARS is requested, followed by comprehensive testing of any program changes. This analysis and testing - coupled with a structured change control process - will ensure that MARS is operated in a stable and predictable fashion by the knowledgeable, experienced Louisiana MARS team.

2.7.5.5 Policy Conformance

Unisys will conform to the policies set forth in the SFP by DHH with respect to MARS.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.7

TECHNICAL REQUIREMENT AREA: TPL Subsystem - Contractor Responsibilities

2.7.7 Third Party Liability Subsystem

Unisys recognizes the role the Third Party Liability (TPL) Subsystem plays in the managing and delivery of health care with today's rising health care costs. Unisys staff will continue to work with the Department to achieve the primary objective -- that Medicaid remains the payor of last resort. Our goal is to provide a reliable TPL functional process that permits precise TPL identification, recovery, and reporting in support of Department of Health and Hospitals (DHH) and the Centers for Medicare and Medicaid Services (CMS) requirements for this subsystem. In doing so, many facets of operation have been considered to provide an efficient and effective system for data file update and maintenance, appropriate claim processing where third party liability is indicated, retroactive TPL determination, and timely reporting of TPL indications and associated data to DHH.

The three major TPL Subsystem files are the TPL Resource File, the TPL Carrier File and the TPL Trauma file. The TPL Resource File contains Medicare coverage information and third party or other insurance information for recipients including carrier code, coverage type, and effective coverage dates. The TPL Carrier File contains demographic information for insurance carriers such as name, address, and phone number. The TPL Trauma file contains records for recipients who may have claims that the Department can recover paid Medicaid funds.

Cost avoidance activities include denying or reducing payments through the use of TPL-related claim prepayment edits. The Claims Processing Subsystem uses data from the TPL Resource File and the submitted claim to determine cost avoidance. It can deny claims where providers have not sought reimbursement from liable third party sources or identify accident and trauma related claims for possible TPL.

The recovery function of the Unisys MMIS TPL Subsystem collects funds retroactively, or after payment of a claim. Retroactive recovery is used as a means of recovering payments and reducing expenditures for two primary reasons. The first is that although third party coverage often exists for a recipient on the date of service, the coverage information is not acquired and added to the TPL Resource File until after the claim has been paid by the Medicaid Program. The second reason for retroactive recovery is that certain claim types or procedures may be paid automatically, and any third party reimbursement is sought after payment is made.

Unisys will work closely with DHH to assure the continued efficiency of its TPL Subsystem. **Figure 2-61 TPL Subsystem Processing**, identifies the file and data inputs and outputs, the functional capabilities, and the system automated and manual controls that represent the TPL Subsystem.

A reference letter attesting to our successful operation of a MMIS TPL Subsystem appears at the end of this section.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.7

TECHNICAL REQUIREMENT AREA: TPL Subsystem - Contractor Responsibilities

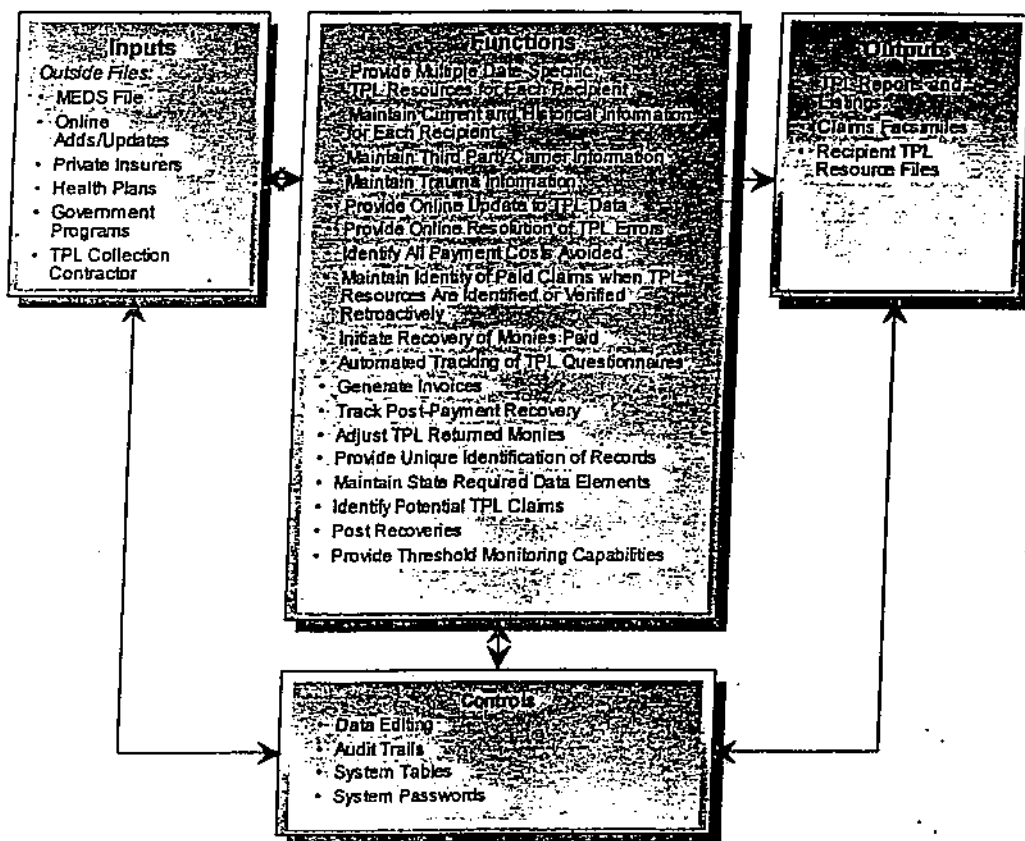


Figure 2-61, TPL Subsystem Processing

2.7.7.1 Objectives

Unisys acknowledges the objectives of the TPL Subsystem as outlined in the SFP.

Unisys also acknowledges that the Estate Recovery, LaHIPP and Recipient Recovery Systems are not current functions of the LMMIS system and are future enhancements.

2.7.7.2 Description

Unisys acknowledges the description and functions of the TPL Subsystem as defined in the SFP.

2.7.7.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to the TPL Subsystem and will continue to work with and support DHH in carrying out each of the stated responsibilities.

2.7.7.4 Contractor Responsibilities

Unisys will continue to operate the TPL Subsystem according to established procedures to ensure smooth, uninterrupted processing. Our commitment to successful performance in these functions is supported in the following response to each of the itemized SFP responsibilities listed in this section.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.7
TECHNICAL REQUIREMENT AREA: TPL Subsystem - Contractor Responsibilities

2.7.7.4(1) TPL Cost Avoidance

Unisys will ensure accurate cost avoidance of claims with known TPL by use of data residing on the Resource File, system edits, and the TPL Matrix in the Claims Processing Subsystem. The TPL System determines the nature of the service billed using claim-specific data, such as claim type, provider type, and procedure code; accesses the recipient TPL resource record to determine all coverage types (for example, Medicare Parts A and/or B and major medical) for all coverages in effect that correspond to the claim dates of service, and examines these factors using a State-controlled TPL Matrix. The TPL Matrix contains cells of data that are used to determine definite or potential coverage for the service billed. The claim will be denied, suspended for review, or paid (no TPL coverage). In cases where post-payment recovery is specified, paid claims will be selected based on information indicating a liable third party, accident, or trauma-related condition and reported for recovery follow-up.

HIPAA standard electronic claim transactions allow for the submission of other payers payment information to enhance coordination of benefits. The LMMIS has been enhanced to collect this data for cost avoidance and reporting as authorized by the Department. These system changes were implemented in 2003 as part of the LMMIS modifications for HIPAA.

2.7.7.4(2) TPL Program Maintenance

Unisys will continue to operate the TPL Subsystem according to the program policies and procedures approved by DHH, and according to CMS regulations. Unisys will maintain responsibility for the maintenance, security, and operation of the TPL Subsystem programs, files, and interfaces with the Recipient Subsystem and Claims Processing Subsystem.

2.7.7.4(3) TPL Resource and Trauma File Updates

The existing process for updating data on the TPL Resource File involves a weekly update file received from DHH. The update file contains Medicare Beneficiary Data Exchange (BENDEX), Buy-in, and private insurance updates from the Medicaid Eligibility Data System (MEDS). The update process reads and validates data on this file and generates an error report of transactions failing update and an activity listing of updates applied. The system also allows for the online update or additions of Medicare coverage and the update of private insurance coverage via the CICS transactions RESM and RESV.

Automatic job scheduling and tracking allows for the update process to take place as soon as possible after receipt of the update file from DHH. Typically, this update occurs on a weekly basis, but more frequent update cycles are possible. Job scheduling at Unisys allows processing of these files normally on the day of receipt. This process of update will continue to be maintained and monitored by Unisys.

There are two (2) modes of update to the TPL Trauma File, batch and online. The Trauma File is updated in a batch mode during the monthly claims processing cycle. Those claims with certain diagnosis, with accident/injury indicator set, or certain procedure codes are selected for inclusion in the trauma tracking process. Information updated during this process includes recipient identification number, accident date and payment amount. The system also allows for online update or addition of trauma records via an established set of CICS applications (TRHA and TRHC).

2.7.7.4(4) Electronic Addition and Modification Verification

All additions or changes are edited and reports are created during the update process of both the TPL Resource and Trauma Files. Reports are available in hardcopy form or on COINSERV. Update and Error Reports are generated and mailed to the appropriate department, or parish office, originator as indicated

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on the TPL Resource File. The TPL Resource File carries an indicator of the **source of update** to a record. All reports generated during the weekly cycle are sorted by this indicator so **that the reports** can be routed to the correct source when mailed.

2.7.7.4(5) TPL Audit Trail

Unisys maintains audit trail reporting that identifies any and all update activities to the TPL files from batch or online applications. All CICS add/update transactions to TPL Files are **automatically** recorded on the CICS Transactions Log File. Each night audit trail activity reports (TR-0-01 Daily TPL Trauma File Audit Trail and RS-0-08-1 TPL Resource File Audit Trail), indicating the **"before" and "after"** images of affected records, are created using the log file. The File Maintenance staff **verifies the TPL Update Transmittal Forms** against the audit report to ensure correctness. The processing of the files from outside sources (MEDS and TPL collection contractor) create reports of both records **that were applied** to the files (TP-0-40 TPL Resource Transaction Activity Report) and those that were rejected (TP-0-13 TPL Resource Transaction Error Report) with the reason they did not process. **These reports are available on COINSERV.**

2.7.7.4(6) BENDEX Update

BENDEX data is the Medicare Part A and Part B coverage information, which is **used to determine** Medicare responsibility. Unisys currently receives BENDEX information from MEDS. The data is transferred to Unisys using Network Data Mover (NDM) over the dedicated T-1 **telecom line** between the Department of Social Services (DSS) and Unisys. This data is edited, posted to the **TPL Resource File**, and reported. Audit Trail reporting (TP-0-40 TPL Resource Transaction Activity Report and TP-0-13 TPL Resource Transaction Error Report) is generated to provide DHH information on data applied or rejected during the update process.

2.7.7.4(7) Medicare Buy-In Update

Buy-In data is the Part A and Part B Medicare coverage for which the Department **pays the recipient's** premiums. Unisys currently receives Buy-In information from the DHH MEDS **each week**. The data is transferred to Unisys using NDM over the dedicated T-1 telecom line between DSS and Unisys. This data is edited, posted to the TPL Resource file and reported. Audit Trail reporting (TP-0-40 TPL Resource Transaction Activity Report and TP-0-13 TPL Resource Transaction Error Report) **is generated** to provide DHH information on what data was applied and what data failed the update process.

2.7.7.4(8) Potential TPL Edits

Unisys will continue to maintain the TPL Edit Module so that paid claims with **potential third party** liability can be identified for reporting and possible recovery. Any claim with a **TPL amount** present and the TPL Resource File does not show TPL information for the recipient, are **identified for reporting and** possible recovery.

Paid claims with TPL indicated by the providers, but no TPL reflected on file for the recipient, are also identified and reported on the TPL Discrepancy Report. This report is used to **determine coverages** (Medicare and/or private insurance) existing for the recipient. After this data is **updated on the TPL Resource File**, retroactive recovery is pursued only for Medicare.

Claim are selected for possible trauma based on an accident/injury indicator on the **claim**, diagnosis code indicating services rendered as a result of injury, and procedure code indicating a **potentially disabling** medical condition. The claim payments are then accumulated by specified **claim type** for an entire document. Claims are selected for updating to the Trauma File where the total **Medicaid** payment exceeds

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the State-defined threshold amount. Claims selected for possible inclusion in the Trauma System are compared to identify duplicate occurrences of the same incident/accident to prevent multiple entries.

2.7.7.4(9) TPL Spenddown

Unisys will continue to maintain the processing modules and files necessary to allow a claim document TPL amount to be applied to each claim line within the document. This is accomplished using the TPL Master File consisting of the document-base Internal Claim Number (ICN), total claim lines, and total TPL amount. This file is updated daily with the total TPL amount and the total lines in the document when claims are entered for the first time into the daily processing cycle. This process has been enhanced to accommodate EMC line or total TPL, as received in the 837 transaction.

Once each claim line has been fully edited and the payment amount calculated, the claim line is processed against the total TPL amount remaining for that document. The line TPL Amount applied to each claim is carried on the claim line record. This spenddown of TPL is performed until all claim lines have been processed against the total TPL amount or until the total TPL amount is exhausted.

The TPL Master File is updated to reflect the number of claim lines applied and the TPL amount applied.

2.7.7.4(10) Recipient Eligibility File TPL Coding

The Recipient Eligibility File maintains data that indicates the presence of other liable parties on the TPL Resource File. TPL coding present on the Recipient File consists of a code indicating Medicare Part A (6), Part B (7), Buy-In Part A (6), Buy-In Part B (7), and/or other TPL coverages (9), and is updated from the TPL Resource File. This code is accessible on the Recipient File for online inquiry. Detailed information regarding a recipient's coverage can be accessed with the TPL resource inquiry using either the recipient's Medicaid identification number or social security number.

2.7.7.4(11) Trauma Related Claims Inquiry

Currently claims are flagged in monthly reporting modules where the diagnosis indicates trauma or an accident related condition. These claims are reported on the CP-0-41 Trauma Reporting, available on COINSERV. Unisys acknowledges online viewing and reporting capabilities of trauma related claims is an enhancement to the current LMMIS system and will work with DHH to provide this function when the requirements are defined.

2.7.7.4(12) Trauma Records Entry

The TPL Trauma File houses information related to paid Medicaid claims where trauma or accidents were indicated based on diagnosis or accident related procedures. Records initially added or updated to this file through the monthly claims processing are available online. The online module also allows DHH to enter a new record using CICS transaction TRHA or change existing records using CICS transaction TRHC. Access is available using either the recipient Medicaid identification number or social security number as the record's key. Name, date of birth, parish, category of coverage, and recipient address are retrieved from the Recipient File. If the recipient has private insurance the resource record is accessed. The private insurance information is added to the new trauma record. The online transactions to add/update (TRHA, TRHU, TRHD) the TPL Trauma File are available only to appropriate DHH staff.

2.7.7.4(13) Medicaid Eligibility Cards/TPL Indicators

Medicaid eligibility cards are now plastic swipe cards with encoded magnetic strips on the back. These cards are used in conjunction with the Medicaid Eligibility Verification System (MEVS), Recipient Eligibility Verification System (REVS), and Web Enabled Medicaid Eligibility Verification System (e-

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MEVS) systems. These systems provide TPL information via the standard.271 transaction response that includes the type of coverage available: Medicare Part A, Medicare Part B, or other private insurance.

2.7.7.4(14) Online Carrier File Updates

Using the CICS applications INSA, INSC, and INSD, Unisys will continue to provide online update capabilities to the Carrier File, which includes add, update and delete capabilities. Unisys receives updated requests on the LMMIS CF-1 form via a web-enabled transaction on the LMMIS Intranet. The date of the last modification and the date of the initial add to the Carrier File record is contained on each record. Both dates are displayed on all Carrier File screens.

All online updates to the Carrier Files are logged to the CICS Transaction Log File from which audit trail reporting is generated reflecting data updated. This report (TP-0-06-1 Daily TPL Carrier File Updates) is sent to DHH for verification and is available for viewing or printing on COINSERV.

2.7.7.4(15) Carrier File Listings

Unisys provides DHH with a complete listing of the Carrier File each week in both numeric and alpha order. These listings are also produced on a schedule approved by DHH and mailed to newly eligible providers identified on the Provider File. Carrier file updates are also produced and mailed to all active providers per DHH approved schedule and media. A copy of the Carrier File is transmitted each night to the Department of Social Services (DSS) computer using NDM for use in the MEDS TPL function.

Unisys will continue to produce TPL Carrier File listings on a semi-annual basis for distribution to the designated parish offices. The module producing these listings will access the Parish Address File with up-to-date parish address information, so the reports can be mailed to the appropriate locations.

The Carrier File listings (TP-0-32-1 Alpha Carrier File Listing and TP-0-32-2 Numeric Carrier File Listing) can be accessed on COINSERV.

2.7.7.4(16) Paid Claims History TPL Collections

Unisys will continue to maintain the modules that process and make the appropriate adjustments to claims history when TPL has been collected or returned. Adjustments for TPL are processed through the Claims Processing Subsystem and posted to claims history, reducing the associated paid claim amount by the TPL amount. In addition to provider-initiated claim adjustment/voids reflecting TPL payments, returned monies due to third party recoupments and refunds are also posted to claims history records through the Financial System. These TPL collections are entered in the online Financial File, and drive the appropriate adjustment of paid claims.

2.7.7.4(17) Claims History File Tapes

Unisys will continue to provide either DHH or the designated TPL contractor(s) with a copy of the LMMIS Claims History File. This file is mailed to the appropriate contractor each month following the completion of the monthly cycle as requested by DHH. Also sent monthly are copies of the Recipient Eligibility and TPL Resource Files. At the end of each quarterly processing cycle a copy of the Provider, Procedure, Carrier, and Diagnosis Files are sent to the TPL contractor. At year end, a copy of the Part A and Part B claims sent to Medicare for recovery purposes are also sent to the TPL contractor. Unisys will continue to incur the cost of producing and mailing these files, and will generate these files in a media approved by the Department.

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2.7.7.4(18) Adjustment/Recoupment Tapes

The existing LMMIS provides the capability to accept and process adjustment/void claims related to TPL recoupments from outside state-contracted agencies. Unisys will continue to maintain the modules that allow this processing to occur. This data is received in an acceptable format, validated and processed through the Claims Processing Subsystem and the Financial System, and posted to claims history. These claims are uniquely identified in the system for processing and reporting to the Department. Output reports are distributed to the TPL contractor and DHH, and are available in hardcopy form as well as available for viewing or printing on COINSERV.

2.7.7.4(19) TPL Denied Claims

To provide DHH with accurate cost-avoidance reporting, Unisys will continue accumulating third party related claims on the TPL Cumulative Cost Avoidance Claims File. This file contains paid claims with a third party amount and claims denied because of the existence of TPL coverage on the TPL Resource File. Denied claims are currently held for 90 days before being reported as cost-avoided money. A resubmission of the denial with the appropriate TPL amount will overlay the denied claims, thus reflecting the actual amount cost-avoided on the report.

2.7.7.4(20) Void/Adjust Claims

The LMMIS currently extracts paid claims from Claims History for recipients with retroactive Medicare coverage for the purpose of possible recovery of Medicaid payments. Paid claims with Part A ancillary services or Part B coverage are formatted into voids or adjustments, respectively. A detailed listing of these claims and a notification letter is produced and mailed to the affected providers. Unisys also provides the State with a copy of this report via COINSERV for review prior to voiding/adjusting these claims. Notice from DHH that any of the involved claims should be pulled and not voided will instruct Unisys to strip these claims from the file prior to processing. Adjustments and voids are entered into the system for processing and posted to Claims History approximately two weeks after provider notification.

2.7.7.4(21) Part B Quarterly Recoupment Tape

Unisys will continue to maintain the Medicare Retroactive Recovery Process according to DHH and Medicare policies. This module identifies Medicare Part B coverages updated retroactively to the resource data for claims already reimbursed by Medicaid. This identification process compares the retroactive Medicare resource data to the claim medical service and date(s) of service. If it is determined that the recipient is entitled to Medicare coverage and the provider has not already returned money to Medicaid, the claims are selected for recovery processing. Claims determined to have Part B coverage are billed to the Medicare Part B carrier using the electronic submission process required by the carrier and in the HIPAA compliant format. Reports listing the claims payments billed for Medicare reimbursement are generated and can be viewed via COINSERV.

2.7.7.4(22) Medicare Carrier Remittance Tapes

Unisys does not currently create and provide remittance information to Medicare Carriers as this process was discontinued during the previous contract. Unisys will work with DHH and the Medicare Carrier, if necessary, to develop this enhancement.

2.7.7.4(23) Medicare and HIPAA Compliant Identification Numbers

Unisys currently submits all claims to Medicare using the Universal Provider ID Number (UPIN) number when available on the Provider File. If the UPIN is unavailable, then the attending/billing provider numbers on the claims are cross-walked to the Medicare identification numbers using the Medicaid/Medicare Cross Reference File. Future use of the National Provider Identifier (NPI), when

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made law, will improve Medicaid to Medicare billings and recoveries. Use of the NPI will be an enhancement to this process.

2.7.7.4(24) Group Health Insurance Payment

Unisys acknowledges this is an enhancement to the current LMMIS. A description of the proposed solution by Unisys is found in Section 2.11.9.6(10).

2.7.7.4(25) Reverse Crossovers

Unisys currently processes reverse crossovers in the Quarterly Medicare Recovery Process. A description of this process is provided in Section 2.7.7.4(21).

2.7.7.4(26) TPL Reports Distribution

Unisys will continue to generate and distribute the required TPL reports in a timely fashion according to the schedules, media, and number of copies requested by DHH. Unisys incorporates procedures for verification and balancing of these reports to ensure accuracy of data printed. Unisys will continue to maintain these reports online via COINSERV and to continue to absorb all expenses related to this process.

Unisys acknowledges that Estate Recovery, LaHIPP, Recipient Recovery and Trauma Questionnaires/follow-up requests are enhancements to the current LMMIS system. As these systems are defined, reporting requirements will be established and produced based on frequency and media defined by DHH.

2.7.7.4(27) Federal Regulations and SPR Requirements

Unisys will maintain the TPL Subsystem so that federal requirements, State-defined requirements, and SPR standards are satisfied. The current system has effectively performed required functions as mandated by CMS standards and continues to satisfy SPR requirements. Unisys is updating all processes of the current system to conform to HIPAA rules and regulations.

2.7.7.4(28) TPL Contractor Interface

Unisys understands that in order for the TPL Subsystem to function to the maximum potential for cost avoidance and recovery, the system must be capable of interfacing with companies or agencies contracted by DHH. The purpose of the interface(s) is the identification of additional TPL for Medicaid recipient claims not previously determined through the TPL recovery process. The Unisys system accomplishes this task by receiving and processing TPL data from Medicare, federal programs, DHH, and additional potential resources as agreed upon by DHH. In addition, Unisys supplies these parties with LMMIS file data as approved by DHH.

Unisys will continue to assist the State in maximizing TPL cost avoidance and recovery. Unisys will modify the means of access (web-based, FTP, online access, direct PC applications) to the Department's data as approved by DHH while continuing to assure the confidentiality of the data.

2.7.7.4(29) DME Reverse Crossover Processing

Unisys maintains system files, program modules, and processes necessary to perform durable medical equipment reverse crossover billing to the Medicare Part B carrier. DME paid claims for which Medicare coverage exists are extracted from claims history on a quarterly basis. DME claim services extracted are not on the Quarterly Recoupment Tape billed to the Medicare Part B carrier, but are reported on CP-0-89, Quarterly DME Claims with Retroactive Medicare Part B Coverage. This report is available for viewing

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on COINSERV. Unisys will work with the Department and the Medicare Part B carrier to submit this data electronically.

2.7.7.4(30) Online Claims History Access

Unisys recognizes this requirement of online claims history with search capability to be an enhancement. In addition, ten (10) years of data availability is an increase from the current two (2) years of paid claims data. The specifics of how this data is to be stored and accessed will be identified during the enhancement phase of this project. Unisys is committed to providing DHH the necessary tools and amount of data to accomplish TPL functions in a desirable manner.

2.7.7.4(31-42) TPL Recovery System

Unisys proposes to establish and coordinate Requirements Analysis (RAD) and Detailed Specifications Design (DSD) phases with designated Department personnel to accommodate all of the enhancements specified in Section 2.7.7.4(31-42) of the SFP. Unisys will design and develop a user-friendly, web-based application that can be used by Department personnel to manage information for recipient third-party liability (TPL) insurance recovery, recipient estate recovery, and recipient trauma health recovery.

The TPL Recovery application will accommodate the following requirements:

- Establish three distinct, yet integrated modules: recipient TPL insurance recovery, recipient estate recovery, and recipient trauma health recovery.
- Provide complete recipient case tracking and administration with each module, including the identification of all persons covered by a specific third-party insurance policy, with begin and end dates for multiple coverage segments per individual, and identification of employer information, insurance company information, estate assets, and trauma indication and effective dates.
- Provide integration with the Department's Medicaid Eligibility Data System (MEDS) to process recipient referrals and changes, and to capture information on Medicaid enrollee, case, and beneficiary data.
- Provide integration with the Department's Third Party Liability (TPL) System to process recipient insurance policy additions, changes, and terminations.
- (31) Provide provider/referral transactions for trauma health cases as defined during the RAD phase.
- (32) Provide provider and agency transactions as defined during the RAD phase.
- (33) Provide for field and State Office transactions as defined during the RAD phase.
- (34) Provide for attorney transactions as defined during the RAD phase.
- (35) Provide for insurance transactions as defined during the RAD phase.
- (36) Provide payment transactions as defined during the RAD phase.

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- (37) Provide financial transactions as defined during the RAD phase.
- (38) Provide online form entry and submission with a relational database interface to the Unisys CentralSQL data repository and MARS Data Warehouse (MDW).
- (39) Develop a cost-effective matrix for use in the Louisiana Health Insurance Premium Payment (LaHIPP) application (see Section 2.11.9.6(10) of this document for additional information regarding this requirement).
- (40) Provide web pages in the TPL LaHIPP application to permit Department access to recipient employer information, including employer's Federal Tax ID, address, contact person, telephone and fax numbers.
- (41) Provide for an interactive letter-writing and collation facility as defined during the RAD phase.
- (42) Provide integration with the MDW to facilitate scheduled and ad hoc reporting requirements to meet the Department's requirement to provide an interactive database for report-writing.

TPL Recovery Application Infrastructure

The Unisys solution will be established as an Intranet application, meaning that it will make use of familiar web-based technologies such as browser-based page transition and relational databases, but it is not open to the world wide web. Instead, an intranet application is secured and closed within a dedicated local or wide area network. Unisys proposes to host the application on its LMMIS Intranet platform as depicted in Figure 2-62, TPL Recovery Application Infrastructure.

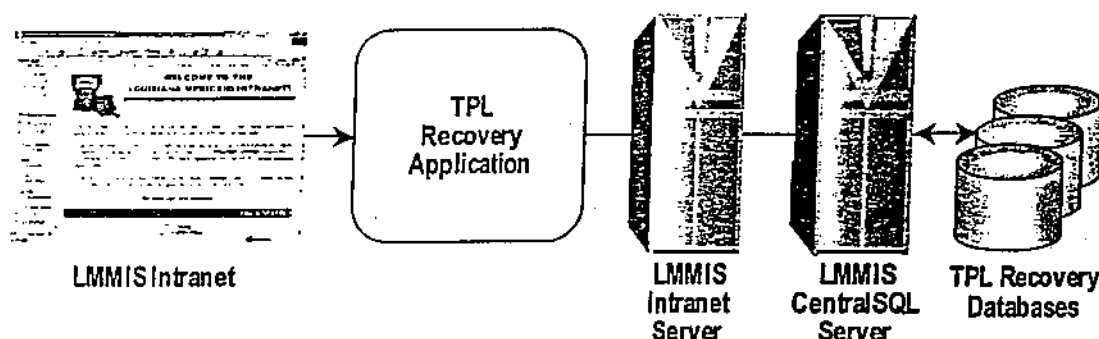


Figure 2-62, TPL Recovery Application Infrastructure

The web page forms, programs, and scripts will reside on the LMMIS Intranet server, and the TPL Recovery databases will reside on the LMMIS CentralSQL server, which is a consolidated repository of intranet-based application databases.

TPL Recovery Application Security

Unisys will modify the LMMIS Intranet main menu page to include a link for the TPL Recovery application main menu page. We will establish specific user-security measures, such as logons and passwords and hierarchical access controls, to secure the information associated with the TPL Recovery

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application. Designated Department personnel will be provided unique logons and passwords that will permit inquiry and update access to the TPL Recovery application. Other Department personnel will be provided unique logons and passwords that will permit only inquiry access to the application. Individuals who are not assigned a logon/password will not be permitted access to the application.

TPL Recovery Application Framework

To develop the TPL Recovery application, Unisys will utilize our standard web programming framework, which includes the following:

- All programs are coded in Visual Basic .NET.
- All pages are developed as Active Server Pages (ASP .NET) using Hypertext Markup Language (HTML) or Extensible Markup Language (XML).
- All databases are developed using Microsoft SQL Server 2000.
- The application is compiled as a dynamic link library (DLL) and not an executable module (.exe).

Other Considerations

Unisys recognizes that the Department may wish to work with another party to design, develop, and implement the TPL Recovery application. We are willing to work with the Department during contract negotiation to determine the applicability, feasibility, and economy of subcontracting another party for the purpose of designing, developing, and implementing the TPL Recovery application. Unisys has developed a detailed work plan for the TPL Recovery application design, development, and implementation (DDI), and we will require any negotiated subcontractor to abide by the work plan at prevailing market rates for systems engineering. Any negotiated subcontractor will also be required to abide by established Unisys standards, policies, and procedures for web-based application development, project management, and application configuration management.

2.7.7.5 Policy Conformance

Unisys will conform to the policies set forth in the SFP by DHH with respect to the TPL Subsystem.

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TECHNICAL REQUIREMENT AREA: CommunityCARE/EPSTD Subsystem - Contractor Responsibilities

2.7.8 CommunityCARE/Early and Periodic Screening, Diagnosis, and Treatment Subsystem

The Early and Periodic Screening, Diagnosis, and Treatment (EPSTD) Program is designed for Medicaid-eligible children under the age of 21 to facilitate the earliest possible detection and treatment of physical and/or mental anomalies through comprehensive, regularly scheduled health assessments. When combined with the health education routinely given to both the children and their parents or guardians, the EPSTD Program establishes at an early age much of the framework for true preventive medicine. The primary goals of the program are to increase the level of health of all EPSTD-eligible children, while decreasing program costs due to preventable treatments and services.

The CommunityCARE portion of the subsystem tracks Primary Care Provider (PCP) linkages for all eligible recipients, which includes everyone under age 65. All CommunityCARE linkages are created in the subsystem, either manually or by auto-assignment, and are then sent once a month to LMMIS to create PCP lock-in segments. The CommunityCARE Program is now available statewide.

As the State of Louisiana experiences continued growth and thus must cover an ever-increasing population base, the EPSTD function is a very important aspect of the MMIS. The EPSTD Subsystem consists of two major components: those automated processes contained within the Provider, Recipient, Claims Processing, EPSTD, and Management and Administrative Reporting (MAR) Subsystems; and the manual processes that interface with the automated system.

Figure 2-63, CommunityCARE/EPSTD Subsystem Processing, illustrates the interrelationships among the inputs, functions, controls, and outputs of the EPSTD Subsystem. Unisys will continue to operate this subsystem in a manner that ensures optimal performance. Unisys will apply all claims data to the EPSTD files in the same cycle as the screening and treatment claims are adjudicated.

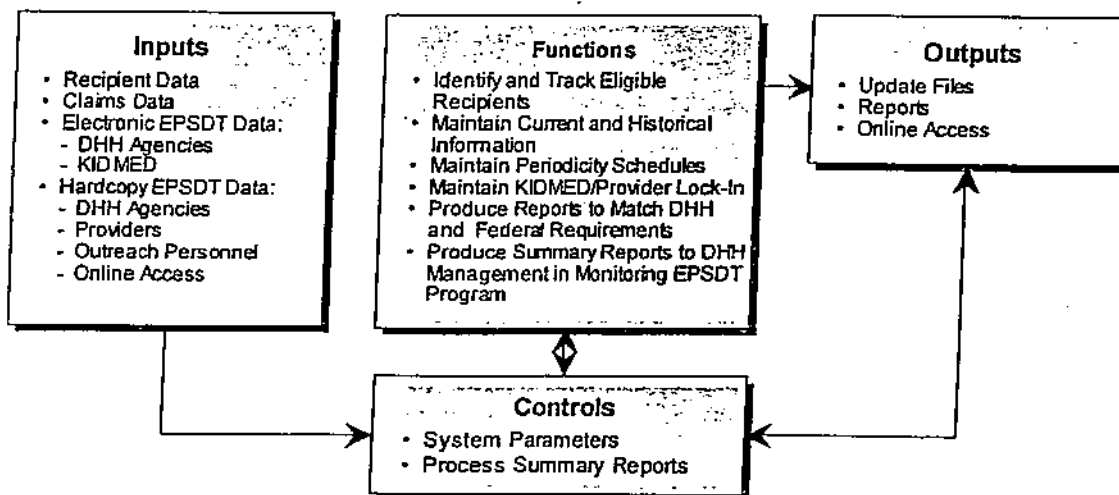


Figure 2-63, CommunityCARE/EPSTD Subsystem Processing

PROGRAM AREA: Subsystem and Special Processing Functions Requirements **REFERENCE NUMBER:** 2.7.8
TECHNICAL REQUIREMENT AREA: CommunityCARE/EPSTD Subsystem - Contractor Responsibilities

The CommunityCARE/EPSTD Subsystem is designed to support the goals described in the CommunityCARE/EPSTD Subsystem objectives. The scope of this activity includes:

- Identifying and reporting individuals eligible for EPSTD services
- Tracking historical information concerning use of health services by EPSTD program participants
- Satisfying state and federal reporting requirements
- Producing management reports that will aid in the analysis and evaluation of the program
- Automation of the procedural system to deliver effective service to all EPSTD participants

The subsystem also tracks PCP linkages by site, and sends the information to LMMIS.

Unisys understands the importance of the CommunityCARE/EPSTD Subsystem in the successful operations of the Louisiana MMIS. Unisys also acknowledges that the functionality of this subsystem will be merged into the LMMIS, eliminating a separate standalone system as described in section 2.11.5. A reference letter attesting to our successful operation of a MMIS EPSTD Subsystem appears at the end of this section.

2.7.8.1 Objectives

Unisys acknowledges and supports the objectives of the CommunityCARE/EPSTD Subsystem as outlined in the SFP.

2.7.8.2 Description

Unisys acknowledges the description and functions of the CommunityCARE/EPSTD Subsystem as defined in the SFP. In addition to the descriptions provided, Unisys has designed, developed, and implemented enhancements to the subsystem.

The Recipient Master File has been available online for over 12 years and has been updated daily for 5 years. The Provider File is also updated daily. The information listed in the EPSTD Outstanding Claims File and the EPSTD Participation History File is present in the Active Claims File and in the Recipient Master File. These features contribute to the robust nature of the CommunityCARE/EPSTD Subsystem.

2.7.8.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to the CommunityCARE/EPSTD Subsystem and will continue to work with and support DHH in carrying out each of the stated responsibilities.

2.7.8.4 Contractor Responsibilities

Unisys will continue to operate the current CommunityCARE/EPSTD Subsystem according to established procedures to ensure smooth, uninterrupted processing until the merge of this subsystem into the LMMIS is approved and implemented. See section 2.11.5 for a description of this enhancement. Our commitment to successful performance of these functions is supported in the following response to each of the itemized SFP responsibilities listed in this section.

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TECHNICAL REQUIREMENT AREA: CommunityCARE/EPSTD Subsystem - Contractor Responsibilities

2.7.8.4(1) CommunityCARE/EPSTD Contractor Interface

Unisys/MMIS will continue to process claims for KIDMED services received from the KIDMED system. Unisys provides three files: Recipient Eligibility Master File, Provider Master File, and Week-To-Date Paid Claims File, to the KIDMED system daily for the first two files and weekly for the latter.

2.7.8.4(2) EPSTD Screening and Treatment Claims File Maintenance

Unisys maintains batch update capability to the EPSTD Master File on a weekly basis using information from the Month-to-Date Paid Claims File. Each record on the file is examined to determine if the individual is under 21 and eligible for EPSTD services (screening or treatment claims). The screening or treatment claims will be maintained in the EPSTD Participation History File.

2.7.8.4(3) EPSTD Participation History File Maintenance

Unisys will continue to apply updated claim information to the EPSTD Participation History File. This data is merged to the file after the monthly updates are applied to the EPSTD Master File using several key data fields, including recipient ID, claim type, claim dates of service, provider number, and claim ICN. The EPSTD Participation History File is also purged on a weekly schedule of all records that are over three years old.

2.7.8.4(4) EPSTD Claims Processing

Unisys will continue to process claims in accordance with DHH policy and procedures for EPSTD services received from the EPSTD contractor on a daily basis. These claims are submitted to Unisys using the Electronic Media Claims (EMC) System for processing. The EPSTD claims process will be the same as other claim types in accordance with Department policies running through adjudication, financial transactions, distribution payment and claim resolution disposition.

2.7.8.4(5) Reports Production and Distribution

Unisys produces, validates, and distributes several reports related to EPSTD and CommunityCARE in the time frequencies indicated, and assumes responsibility for the associated expenses. The reports are generated daily, weekly, monthly, quarterly and yearly. Other ad hoc reports are issued on demand.

Some of the reports are issued on paper, some are sent on microfiche, most are saved on tape, and an increasing number are available online either on COINSERV, or the LMMIS Intranet website. Physical deliveries of many reports are made directly to DHH and the KIDMED Contractor. Other reports such as the Screening Provider Beneficiary Report (RS-07), and the daily EMC reports are mailed to the providers. Appointment, introduction, choice, and assignment letters are generated and mailed to recipients.

2.7.8.5 Policy Conformance

Unisys will conform to the policies set forth in the SFP by DHH with respect to the EPSTD Subsystem.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.9

TECHNICAL REQUIREMENT AREA: Eligibility Verification Systems

2.7.9 Eligibility Verification Systems

Unisys introduced free access to an automated eligibility verification system at the Louisiana site in March 1990. In partnership with DHH, this system was enhanced in 1998 to include a swipe card capability through commercial eligibility verification vendors and the information content was expanded to include all aspects of recipient eligibility; including specific program eligibility and restrictions, private insurance, primary care provider information, and service limits. Access was further expanded to include secure Internet access to eligibility data in 2000. These highly accessible, user-friendly tools provide a suite of convenient, full time access to recipient Medicaid eligibility data. These tools, which are used on several Unisys Medicaid sites, have been found to reduce claim denials, expedite reimbursements, and improve provider satisfaction with the Medicaid program.

2.7.9.1 Objectives

Unisys acknowledges and supports the objectives of the Eligibility Verification Systems.

2.7.9.2 Description

Unisys acknowledges the description of the Eligibility Verification Systems as defined in the SFP.

2.7.9.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to the Eligibility Verification Systems and will continue to work with and support DHH in carrying out each of the stated responsibilities.

2.7.9.4 Contractor Responsibilities

Unisys will continue to operate the Eligibility Verification Systems according to established procedures to insure smooth, uninterrupted processing. Our commitment to successful performance of these functions is supported in the following responses to each of the SFP responsibilities listed in this section.

2.7.9.4(1) Adequate Access to Eligibility Systems

Unisys offers a robust set of systems for verifying Medicaid recipient eligibility. These systems include

- Voice eligibility verification via telephone to toll-free and local telephone lines for access to the Recipient Eligibility Verification System (REVS), an interactive voice response system
- Eligibility verification through commercial vendors who offer ID card reader equipment and Internet services with data provided by the Medicaid Eligibility Verification System (MEVS)
- Internet access to the Unisys e-MEVS eligibility verification product, which provides eligibility verification services over a secure web connection to Unisys.

MEVS and e-MEVS communicate through HIPAA compliant 270/271 transactions defined by the American National Standards Institute ASC X12N specifications. REVS transactions are data content compliant as required by the same standards body.

These systems provide access to Medicaid recipient eligibility verification data 24-hours per day, 7-days per week except for approximately 3 minutes of daily unavailability for file maintenance. Recipient eligibility data is updated daily with data supplied from the Medicaid Eligibility Data System (MEDS)

PROGRAM AREA: Subsystem and Special Processing Functions Requirements**REFERENCE NUMBER:** 2.7.9**TECHNICAL REQUIREMENT AREA:** Eligibility Verification Systems

operated by DHH. In addition to these systems, Unisys provides technical support and provider assistance through the following:

- Unisys Technical Support Help Desk in Louisiana to assist providers with questions about the use of any of the above mentioned systems
- Unisys Provider Relations Department, which provides eligibility verification assistance with eligibility verification issues and with assistance in using the electronic eligibility verification systems
- Unisys Pharmacy Benefits Help Desk, which assists pharmacies and pharmacists with eligibility verification issues in addition to other pharmacy services
- Unisys Help Desk for commercial MEVS vendors to assist with connection problems to the MEVS systems.

The services of REVS and e-MEVS are provided to Medicaid providers at no charge. Unisys monitors usage of the REVS and MEVS to insure adequate access to eligibility verification services.

2.7.9.4(2) Timely Data Update

Unisys updates recipient eligibility data daily as data is supplied by the Medicaid Eligibility Data System (MEDS). Recipient File records are updated and data files and records are refreshed and updated within 9-hours from the receipt of MEDS update files. Full file replacements are performed each week to insure the accuracy of the eligibility data file.

2.7.9.4(3) Daily Data Update

Unisys provides daily updates to the recipient eligibility systems based on data supplied by the MEDS. All data records updated on the Recipient Files and other recipient support files such as Service Limits, Third Party Liability (TPL) Resources, Provider Records, and Provider Site Records are propagated and available to all eligibility systems (REVS, MEVS, e-MEVS) within nine hours of receipt of the MEDS update records.

2.7.9.4(4) 24/7 Coverage

The Unisys eligibility verification systems provide 24-hour per day, 7-day per week coverage for provider use. REVS and MEVS maintain different maintenance windows such that both systems are not scheduled out of service at the same time. All eligibility verification systems data files are updated daily with approximately 3 minutes of system unavailability for each system. Full file replacements are done during periods of low activity on weekends.

REVS, MEVS and e-MEVS offer a variety of methods to identify the Medicaid recipient in a responsible manner, by using a double identification technique utilizing the recipient identification number, the card control number or recipient name, along with the date of birth or the social security number.

REVS, MEVS, and e-MEVS provide all information that a Medicaid provider needs to determine eligibility of the recipient to receive services, including any restrictions or limitations in services. Privacy issues are addressed by tailoring eligibility messages to the requesting provider such that only the information that the provider needs is revealed. Communication with MEVS and e-MEVS are HIPAA

PROGRAM AREA: Subsystem and Special Processing Functions Requirements**REFERENCE NUMBER:** 2.7.9**TECHNICAL REQUIREMENT AREA:** Eligibility Verification Systems

compliant ANSI ASC X12N 270/271 transactions. REVS is data content compliant as required by Federal HIPAA regulations.

REVS, MEVS, and e-MEVS provide specific information about recipient eligibility in the following areas:

- Presumptive eligibility
- Qualified Medicare Beneficiary (QMB) eligibility
- Ineligible, illegal alien services
- Tuberculosis services eligibility
- Early Periodic Screening, Detection and Treatment (EPSDT) identification
- Long Term Care eligibility
- Medically Needy Program eligibility
- Waiver program eligibility
- CommunityCARE eligibility
- Hospice program eligibility
- Lock-in restrictions including SURS and DURS
- Selected service limits restrictions
- Medicare eligibility
- Private insurance policy information
- Primary Care Provider contact information
- Lock-in Provider contact information
- Hospice Provider contact information.

REVS also provides a function to allow a Medicaid provider to obtain financial payment information for services rendered. Unisys recognizes the current eligibility verification systems do not accommodate Models of Excellence. We look forward to working with the Department to address this enhancement during requirements definition.

2.7.9.4(5) Data Capture and Reporting

The Unisys eligibility verification systems generate performance reports on a weekly basis detailing several key items that identify who is using the system, when the system is being used, how much the system is used, and what errors are encountered while using the system. In addition, logs are kept of all transactions with the eligibility verification systems to be used to investigate, report, and correct any errors that may be encountered by users of these systems. Reports will be upgraded at Department request to include provider type and demographic information as needed by the Department.

2.7.9.4(6) Notification

Unisys will provide written notification to the Department within two hours of the discovery of any failure affecting performance or accuracy of the information on any eligibility verification system. Unisys currently investigates any provider complaints about service or information accuracy and notifies the vendor when there are technical issues that require vendor resolution.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.10
 TECHNICAL REQUIREMENT AREA: Clinical Laboratory Improvement Amendments Processing

2.7.10 Clinical Laboratory Improvement Amendments Processing

Unisys will continue to process laboratory services in accordance with published federal guidelines. Currently these guidelines cover certification requirements and edit criteria for Medicaid claims submitted for laboratory services. All reports required by the Department are produced in the formats and timeframes specified.

Clinical Laboratory Improvement Amendments (CLIA) information is contained in a separate data file and linked to the provider record using the provider number. CLIA information is available for online inquiry and update through CICS. CLIA certification data is downloaded on a weekly basis using the CMS Online Survey Certification and Reporting (OSCAR) system interface. Data that is currently downloaded includes CLIA certification number, CLIA type and effective dates. Figure 2-64, CLIA Data Flow, gives an overview of the CLIA information environment.

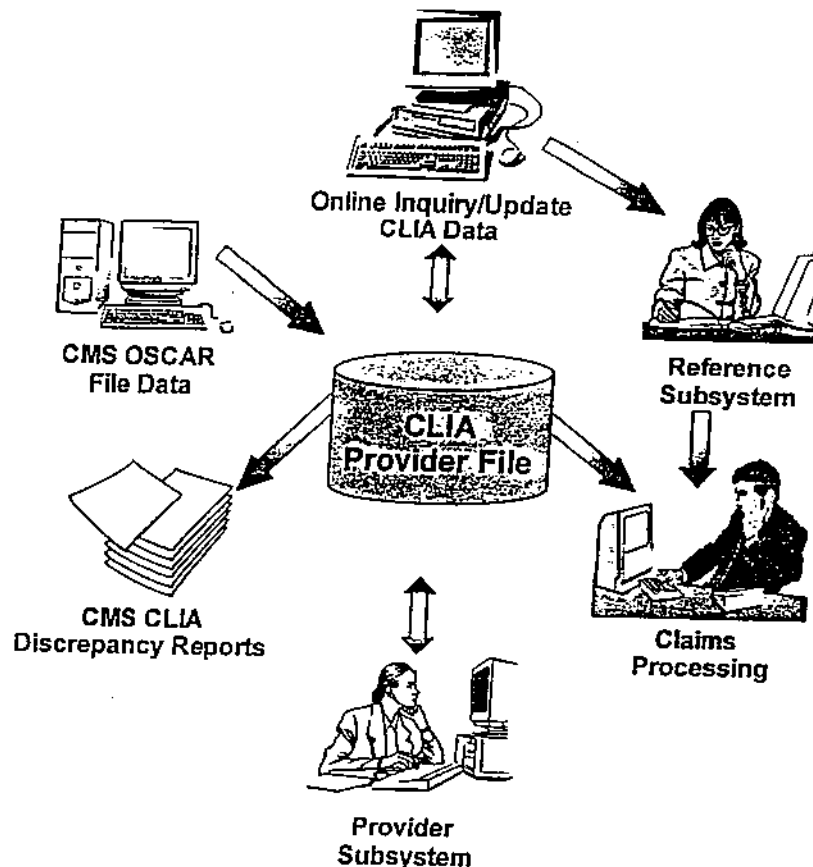


Figure 2-64, CLIA Data Flow

2.7.10.1 Objectives

Unisys acknowledges and supports the objectives of CLIA as outlined in the SFP.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.10
TECHNICAL REQUIREMENT AREA: Clinical Laboratory Improvement Amendments Processing

2.7.10.2 Description

Unisys acknowledges the description and functions of CLIA as defined in the SFP.

2.7.10.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to CLIA and will continue to work with and support DHH in carrying out each of the stated responsibilities.

2.7.10.4 Contractor Responsibilities

Unisys will continue to operate CLIA according to established procedures to ensure smooth, uninterrupted processing. Our commitment to successful performance of these functions is supported in the following response to each of the itemized SFP responsibilities listed in this section. All required reports will continue to be produced in the formats and timeframes specified.

2.7.10.4(1) CLIA File Maintenance

Unisys will continue to maintain the CLIA File containing provider, Universal Provider Identification Number (UPIN), and IRS numbers, as well as CLIA number and certification types by effective dates.

Unisys recognizes that the download of specialties and sub-specialties with associated effective dates is not part of the existing LMMIS process and will be implemented as a future enhancement. Unisys will work closely with DHH to develop the above as an expansion of the CLIA download and update process based on future CMS requirements.

Unisys uses the CMS OSCAR interface to download and update the LMMIS CLIA File on a weekly basis with certification data as described in the above. The weekly download transmission is in lieu of a weekly CMS tape match with the LMMIS CLIA file and is not part of the current process.

2.7.10.4(2) Claims Processing CLIA Edits

Unisys will continue to edit all claims submitted for laboratory services for appropriate levels of certification. Claims from specific provider types who are required to have CLIA certification, but for whom no CLIA certification data exists on the CLIA File, are identified and marked with the appropriate exception edit error code. Unisys will also continue to check all laboratory claim submissions to match the service billed to the CLIA type based on date of service and all those claims failing the match are identified and marked with the appropriate edit error code and denial status.

2.7.10.4(3) CLIA Certificate Type Edits

Unisys will continue to edit all claims submitted for laboratory services for CLIA certification type. Claims from specific provider types that do not have the appropriate certification type for the services performed will have their claims identified and marked with the appropriate exception edit error code. Any claim submissions with a date of service that is not within a date of service range for the appropriate certification type are identified and marked with the appropriate edit error code. Claim disposition will be in accordance with the status assigned to the edit(s).

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.11
TECHNICAL REQUIREMENT AREA: Retrospective Drug Utilization Review

2.7.11 Retrospective Drug Utilization Review

Unisys has successfully operated the Louisiana Retrospective Drug Utilization Program (LaDUR) for 20 years. During the last 15 years Unisys and DHH have partnered with the University of Louisiana Monroe (ULM) School of Pharmacy to enhance, operate and maintain the program. We are committed to the principles of this important mechanism for assuring that the recipients receive safe and effective drug therapy at the most appropriate cost to DHH.

As the incumbent fiscal intermediary, Unisys accomplishments related to LaDUR include the following:

- Successfully tested and monitored over 2,600 therapeutic criteria developed by the ULM School of Pharmacy
- Enhanced the LaDUR reporting system, adding functionality and improving flexibility
- Added CPT lab procedure codes to DUR recipient profiles
- Established methods to identify and exclude expired or ineligible recipient profiles
- Forged a strong working relationship with ULM School of Pharmacy
- Developed lock-in processes
- Designed and implemented improvements to the process of identifying at-risk recipients
- Automated the DHH lock-in correspondence and files maintenance tasks.

The broad-based, in-depth knowledge and experience in systems and operations possessed by Unisys staff facilitates ongoing operations and enhancements to the LaDUR process and system without interruption. Unisys will continue to operate LaDUR according to established procedures to ensure smooth, uninterrupted processing.

2.7.11.1 Objectives

Unisys acknowledges and understands the requirements in Section 2.7.11.1. Unisys will meet all requirements.

The Department will have all ownership rights to any DUR system specifically developed for the Louisiana MMIS utilizing State funding. A perpetual license will be made available to the Department for the continued use of any Unisys proprietary DUR system for any period subsequent to the contract period. To the maximum extent practicable, Unisys will ensure that a perpetual license for any commercial proprietary DUR system can either be transferred to or acquired by the State.

2.7.11.2 Description

Unisys acknowledges and understands the requirements of Section 2.7.11.2 with respect to the LaDUR program and TDUR subsystem.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.11
TECHNICAL REQUIREMENT AREA: Retrospective Drug Utilization Review

2.7.11.3 Department Responsibility

We acknowledge the Department's responsibilities with respect to the LaDUR program and the TDUR subsystem, as stated in Proposal Section 2.7.1.3, and will continue to work with and support DHH in carrying out the responsibilities.

2.7.11.4 Contractor Responsibilities

The Therapeutic Drug Utilization Review (TDUR) subsystem, operated by Unisys, facilitates a post payment process of monitoring outpatient drug utilization data obtained through claims processing against therapeutically defined computerized parameters. It is these TDUR programs that are the core of the entire LaDUR process.

The complete LaDUR process includes:

- Creation of recipient drug profiles through TDUR software
- Regional DUR committee members' analysis of these system-extracted recipient profiles
- Creation and distribution of correspondence to servicing providers
- Monitoring of provider responses to correspondence

This process identifies recipients who may become part of a disease state management program, small focus study groups, or recipients who are at high risk. Recipients' treatment information is shared, within HIPAA Privacy & Security guidelines, with the individual's medication prescriber and dispensing pharmacy. The objective of the program is to improve the quality of care and assist providers with the disease state management of the selected recipients.

Figure 2-65, RetroDUR Process, shows the interrelationship of the ULM School of Pharmacy, the Drug Utilization Review Board (DURB), Unisys as the fiscal intermediary, the four regional DUR committees, physicians, pharmacists, and DHH.

2.7.11.4(1) Operations

Unisys will continue to operate and maintain the therapeutic DUR System as defined in Section 2.7.11.2 and will incorporate the enhancements specified in Section 2.11.9.4.

2.7.11.4(2) Hardware and Other Equipment

Unisys provides all equipment and hardware necessary to successfully operate the LaDUR System. The TDUR System will operate on the Unisys mainframe computers located at our Salt Lake City, Utah facility. PCs linked into a local area network at the Baton Rouge site are used to support database management. Additionally, Baton Rouge PC-based databases will be utilized for the lock-in program and LaDUR program monitoring

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.11
TECHNICAL REQUIREMENT AREA: Retrospective Drug Utilization Review

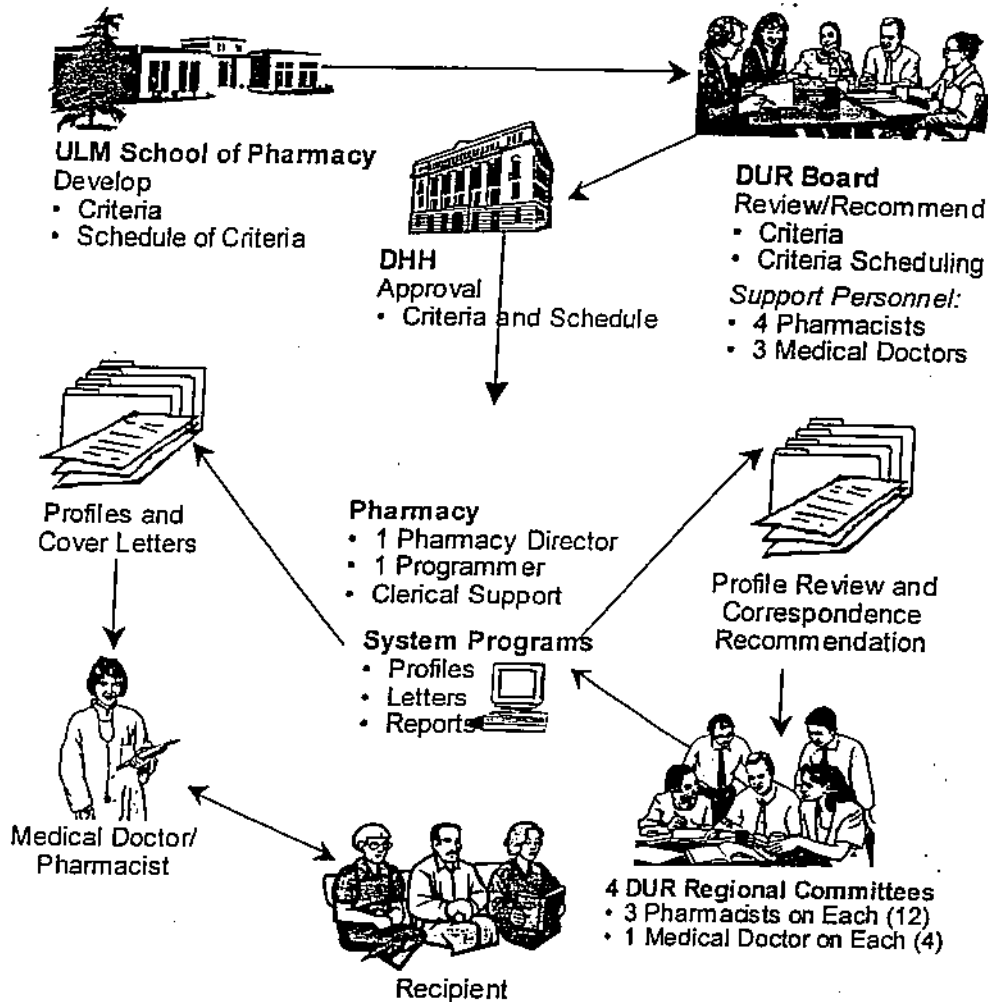


Figure 2-65, RetroDUR Process

2.7.11.4(3) System Software Modifications

We will continue using the state-owned TDUR software modules. Unisys has made significant modifications to the TDUR system since the installation of the base system in 1991. Changes will continue to be implemented through design change requests (DCRs) that are approved and prioritized through the Configuration Control Board (CCB). Unisys will continue to submit any changes in software development plans to the DHH for approval.

We further agree that, in the future, if Unisys acquires any therapeutic DUR software package, Unisys will submit a detailed software selection analysis to the DHH for approval prior to implementation. The analysis will describe the software considered, the major features of each package, the major advantages and disadvantages of each package, and a cost/benefit analysis of each package.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.11
TECHNICAL REQUIREMENT AREA: Retrospective Drug Utilization Review

2.7.11.4(4) DUR Staffing

The team of Unisys personnel at the Baton Rouge facility has 12 years knowledge of and experience in TDUR System operations. The LaDUR pharmacist member has a PharmD degree, strong clinical experience, system development knowledge, and extensive Louisiana Medicaid policy and DUR background. Additional professional support will be provided by the Unisys physician Medical Director and physician consultants as needed.

We have successfully developed, enhanced, and maintained detailed DHH approved medical policy and claims editing functions to support these policies. This experience and knowledge will continue to support and strengthen these programs.

Unisys will continue to provide this qualified and experienced staff to operate and maintain the system. This staffing will include programmer analysts, and the medical staff needed to define and maintain detailed medical policy and edits. Further detail is provided in Section 2.4.3 of our response.

2.7.11.4(5) Exception Criteria File

The current DHH-owned TDUR "criteria module" complies with the requirement to support a minimum of five hundred (500) different drug entities and therapeutic classes and thirteen (13) interaction segments for each drug. In fact, this capability has been greatly exceeded.

The TDUR "Exception Criteria" file was expanded in August 2003 to provide the capability of maintaining 999,999 therapeutic exception criteria, 1,000 chemical entities per month, and unlimited segments on each drug. Specific Therapeutic Criteria developed prior to the August 2003 enhancement were rewritten to facilitate integration into the newly expanded criteria file. These criteria were tested and re-reviewed prior to utilization in monthly drug history interrogations. Unisys continues to expand criteria in this file based upon the ever-changing knowledge base of the medical and pharmacy professions.

2.7.11.4(6) Procedure Formulary File

The LaDUR system continues to use drug and diagnosis codes consistent with the Procedure Formulary File. Pharmacy claims are coded and submitted using an eleven-digit National Drug Code (NDC). Professional claims (e.g., physician) use ICD-9-CM diagnostic codes, HCPCS codes, and CPT-4 procedure codes. Facility claims require the reporting of ICD-9-CM diagnosis and procedure codes. Each of these codes is consistent with the LMMIS Procedure Formulary File and HIPAA code-set requirements. Unisys will continue to use this methodology in the LaDUR System as required by DHH.

2.7.11.4(7) LMMIS Subsystems Interfaces

Unisys has successfully operated and maintained all interfaces between the LMMIS and the Retrospective Drug Utilization Review Program since its implementation in 1991. Unisys will continue to operate and maintain all interfaces with other LMMIS subsystems, including the Claims Processing Subsystem, claims history, SURS, and the MARS Data Warehouse.

2.7.11.4(8) Louisiana Drug Utilization Review (LaDUR) Committees

An important component of the LaDUR system is the four regional DUR committees. On a monthly basis, these committees retrospectively review recipient drug profiles for clinical outlier issues of concern and recommend relaying the information to the recipients' providers. These profiles are created through either the automated TDUR subsystem module of the LaDUR program or through individually requested profiles of candidates for the lock-in program.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.11
TECHNICAL REQUIREMENT AREA: Retrospective Drug Utilization Review

Unisys has successfully managed and operated four regional DUR committees under the committee bylaws. We are committed to continuing this requirement, in accordance with DHH specifications. Each member of the DUR Committee does and will continue to satisfy the eligibility requirements defined in Section 2.6.4. The Unisys pharmacist is responsible for distributing profiles to the committee members before each meeting, selecting and preparing the meeting sites, recording committee decisions, performing case research, maintaining communication with each committee, coordinating correspondence flow from the committees, and coordinating the entry of committee case actions into the TDUR System.

These regional committees, each consisting of three (3) pharmacists and one (1) physician, review therapeutic patterns of drug utilization of LMMIS recipients whose drug profiles have excepted in the monthly examination of the DUR History File. Due to the investigative nature of this material, and to protect the confidentiality of recipients' Protected Health Information (PHI), all committee proceedings are confidential. Each member is required to sign a "HIPAA Confidentiality Agreement". DUR committee members must cooperate with the Board of Medical Examiners, the Attorney General, and the Board of Pharmacists, as required by DHH. Recipient profiles reviewed per month (maximum of 800) will be distributed equally among the four regional committees.

When committee membership positions are open, Unisys, with DHH authorization, will publish a "Solicitation for LaDUR Membership" in the *Provider Update* newsletter. Nominations received at Unisys will be delivered to the DHH pharmacy program manager for review and committee member selection. Unisys will notify all new members of their appointment and train each new member. Unisys will continue to operate these committees and pay all expenses, including salaries, professional fees, mileage, and per diems. Unisys will also provide malpractice insurance for physicians and pharmacists serving on these committees.

2.7.11.4(9) Drug Utilization Review Board (DURB)

DURB is a State-appointed committee of three (3) physicians and four (4) pharmacists. This committee recommends LaDUR therapeutic criteria to DHH. Following a review of the board's recommendations, DHH reviews and approves the committee's criteria and criteria scheduling recommendations. DHH approved criteria and schedules are then integrated into the monthly LaDUR process.

The Unisys pharmacist currently serves as the coordinator of DURB activities and acts as secretary to the committee. The Unisys pharmacist organized and trained the original DUR Board members and continues to train replacement members. Each member of the DURB currently does and will continue to satisfy the experience and educational requirements defined in Proposal Section 2.6.4.

Since the initial DURB meeting on January 28, 1993, a Unisys pharmacist has scheduled, coordinated, and served as recording secretary for all DUR Board meetings. This committee will perform all requirements defined within this Section. This includes willingness to cooperate with the Board of Medical Examiners, Attorney General, and Board of Pharmacy as required by the DHH.

Unisys will continue to pay for all DURB expenses including per diems and expenses. This includes additional compensation at the current rate for additional work described in Proposal Section 2.7.17.3 related to the Peer-Based Provider Profiling.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.11
TECHNICAL REQUIREMENT AREA: Retrospective Drug Utilization Review

2.7.11.4(10) LMMIS Lock-In Program

The lock-in program is an educational program designed to assist selected recipients in using their medications in the most effective manner. Recipients that may require assistance in using their medications are identified through profile analysis within the regional LaDUR committees. Upon inclusion in the lock-in program, the recipient is asked to select one pharmacy and one prescriber to serve as their lock-in providers. The providers become the case management providers for the recipient. Periodic reevaluation of recipient's medication utilization is conducted. If utilization patterns improve, the recipient may be removed from the program.

The Unisys team has operated the LMMIS lock-in program since 1991 as part of the LaDUR program. During this period, Unisys has assisted the DHH with the evolution of the program from an enrollment of 90 recipients to a current enrollment approaching 2,500. During this period, a database application has been developed by Unisys to monitor the program. System programs and reports have been enhanced to accommodate increased enrollment. Currently, Unisys is working closely with the DHH to automate and facilitate the correspondence and file maintenance tasks involved in this program. We will provide recipient or provider lock-in recommendations to the SURS Unit.

We agree to perform the recipient Lock-In functions as described in the *Louisiana Drug Utilization Review Committee (LaDUR) Procedure and Operations Manual*.

The Unisys team will continue to provide support by a pharmacy technician limited to lock-in duties.

2.7.11.4(11) Documentation

Unisys will develop, provide, and maintain the LMMIS documentation that meets the documentation requirements in Section 2.6.3.12. A minimum of two copies will be provided to the DHH. Unisys will pay all expenses associated with the development, production, and delivery of this documentation to DHH.

2.7.11.4(12) DUR Committee and DURB Member Training

Unisys developed and maintains a training manual and training program for all new members of the DUR committees and the DURB. Material incorporated into the training manual includes the following:

- Samples of recipient drug history profiles
- Samples of correspondence letters
- Description of the modular design of the system
- Description of criteria categories
- Description of drug groupings
- Description of data elements on profiles
- Guide to marking profiles
- Flowcharts to operational DUR activities.

Unisys will continue to conduct training sessions for the DUR committees and the DURB as new members are added. This individual member training will be conducted by the Unisys pharmacist prior to the initial meeting that the new member attends. Unisys will pay all expenses associated with the development and production of a training manual and training program in addition to all expenses associated with providing required training to committee members. A minimum of four copies of the training manual will be provided to the DHH.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.11
TECHNICAL REQUIREMENT AREA: Retrospective Drug Utilization Review

2.7.11.4(13) DHH Staff Training

Using the training manual and program created for new members of the DUR committees, Unisys will conduct training sessions on request for DHH staff. Programs will be arranged to meet at times acceptable to both DHH and Unisys.

The content of the training will be customized to the Department's target audience. For example, the pharmacy staff may request a clinically oriented presentation focusing on therapeutic criteria. Systems analysts and programmers may request a software-oriented technical program. Unisys will pay all expenses associated with the development and production of the training manual and program, in addition to all expenses associated with providing required training to DHH staff.

2.7.11.4(14) Provider Training

We will communicate with providers via addenda to DHH approved provider manuals and informational articles in the Department's provider newsletter, "Provider Update." In addition, visits by provider relation field representatives to individual prescribing providers and dispensing pharmacies will be used to expand providers' knowledge of the LaDUR program.

Unisys will conduct one DUR presentation per year to medical and pharmaceutical societies in which we explain the DUR system and solicit provider cooperation. These presentations will use training materials approved by DHH. Visual aids and specific examples of DUR activities may be incorporated into the seminars. Unisys will pay all expenses associated with this training. All provider training will be in accordance with the requirements defined in Section 2.8.4.4.

2.7.11.4(15) Reports Maintenance

Unisys will continue to update and maintain all DUR reports. These reports, including audit trails, monthly production reports, and of end of year reports, will be updated as required.

2.7.11.4(16) Report Production and Distribution

Special reports, monthly reports, and annual reports are produced, validated, and distributed within time guidelines established by DHH. This occurs at the time each report is given final approval.

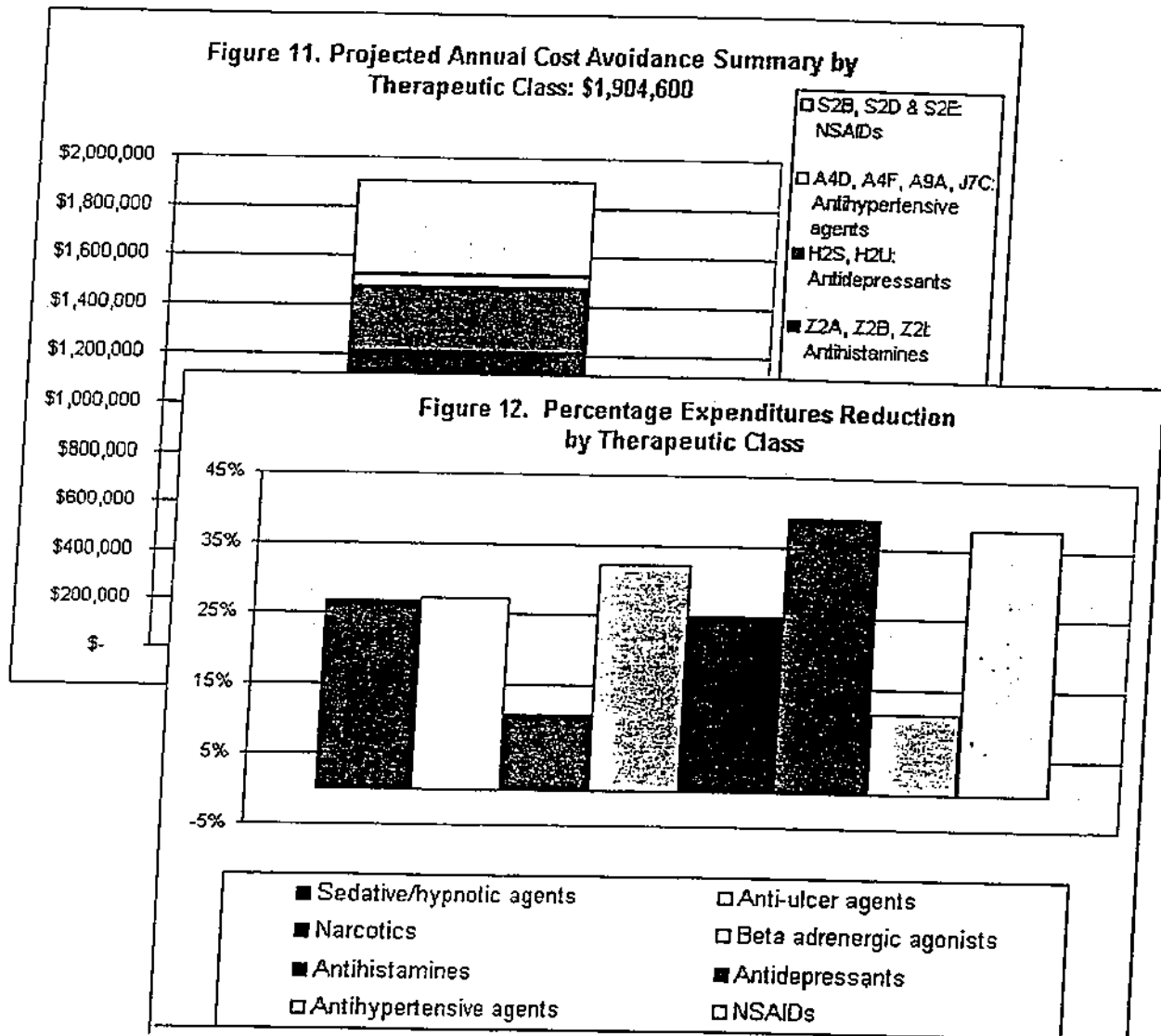
During the operational phase of the contract, reports are printed in the Baton Rouge LMMIS facility computer room. A Quality Control monitoring step then validates the clarity of print and report formatting of the document. Reports passing this step are delivered to the DUR pharmacist for an additional Quality Control step to verify the accuracy of the report content. After this step, any DHH requested hard copy reports are distributed to designated personnel through the established DHH/Unisys correspondence process.

2.7.11.4(17) DUR Annual Reports

Unisys has prepared the federally mandated DUR annual reports for the DUR Program since 1992. During this period, we have developed a strong working relationship between the DHH Pharmacy program staff and the Unisys PBM staff. This relationship has facilitated the creation of a report that not only met DHH expectations and requirements but also exceeded CMS requirements. **Figure 2-66, DUR Annual Report-2002 Cost Avoidance Charts**, provides a sample of the graphically represented information that was included in a prior Annual Report. These charts were developed by the Unisys team's professional staff to evaluate cost avoidance due to DUR activities. Each of the past ten Annual

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.11
TECHNICAL REQUIREMENT AREA: Retrospective Drug Utilization Review

Reports prepared by Unisys was subjected to a DHH Pharmacy Program Manager's review for approval of the final content and format prior to final production.



Unisys will produce, validate, and distribute ten (10) copies of the Annual Report of the DUR Program for the life of the contract. These reports will be synopses of the data provided in the regular monthly reports and all special reports. They will describe the drugs reviewed during the year and include all parameters required by CMS. The final content and format will be approved by DHH. Key elements that will be included in the Annual Reports are a review of past drug use and an assessment of intervention by:

- Defining the scope of the study
- Specifying the anticipated impact
- Selecting an appropriate observation period in which interventions can be measured
- Listing all criteria reviewed in the appropriate federal fiscal year

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- Itemizing all educational initiatives taken per federal fiscal year
- Itemizing cost savings and cost avoidance per federal fiscal year.

The cost implications are determined by measuring the effects on the Medicaid Program, the pharmacy program, the recipient, and the provider. Detailed operational costs of the Retrospective Drug Utilization Review will be included in the Annual Reports.

2.7.11.4(18) System Testing as Defined in Section 2.6.3.11

All system testing will be performed according the requirements defined in Section 2.6.3.11. These procedures are already integrated into the rigorous Unisys Quality Control process used by Unisys.

2.7.11.4(19) Acceptance Testing as Defined in Section 2.6.3.11

All acceptance testing will be performed according to the requirements defined in Section 2.6.3.11. The DHH Pharmacy Program manager and supporting DHH personnel, Unisys professional staff, and system support staff will participate in the acceptance testing process.

2.7.11.4(20) Project Management/Systems Development Methodologies

The Unisys team will utilize the project management and systems development methodologies defined in Section 2.6.3.10 and 2.6.3.11.

2.7.11.4(21) System Operations

Unisys is committed to continuing operation of the Retrospective Drug Utilization Review System and all related components as defined by the requirement. The professional staff that has been instrumental in maintaining operations of the system will continue in their responsibility.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.13
TECHNICAL REQUIREMENT AREA: CommunityCARE Functions

2.7.13 CommunityCARE Functions

Managed care is considered by many experts to be the future of health care. Unisys understands the Department's commitment to its managed care initiatives, since we partnered with the Department in 1992 to develop the CommunityCARE Program. CommunityCARE is a primary care case management (PCCM) program of comprehensive health care for Medicaid recipients in all 64 Louisiana parishes. The program links an enrolled Medicaid recipient with a federally qualified health center (FQHC), rural health clinic (RHC), physician group, or independent physician who serves as the primary care physician (PCP) for that recipient. Through the implementation and operation of the LMMIS CommunityCARE process, Unisys has demonstrated our ability to work with DHH to implement a managed care process that meets the demands of the Department, the recipient population, and the provider community, and that provides full program funding participation by CMS. Unisys successfully participated in the phase-in approach to a managed care program statewide that benefits the recipient and provider communities.

2.7.13.1 Objectives

Unisys acknowledges and supports the objectives of the CommunityCARE functions as outlined in the SFP.

2.7.13.2 Description

Unisys acknowledges the description and functions of CommunityCARE as defined in the SFP. Unisys also realizes that the Electronic Referral/Authorization System is an enhancement and is described in detail in Proposal Section 2.11.9.11(4).

2.7.13.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to the CommunityCARE functions and will continue to work with and support DHH in carrying out each of the stated responsibilities.

2.7.13.4 Contractor Responsibilities

Unisys will continue to operate the CommunityCARE Program according to established procedures to ensure smooth, uninterrupted processing. Our commitment to successful performance of these functions is supported in the following response to each of the itemized SFP responsibilities listed in this section.

2.7.13.4(1) Update Capability

Unisys maintains CommunityCARE data on the Provider Master File, the Recipient Eligibility File, and the Reference File. The Provider File contains data that indicates provider participation in the CommunityCARE Program. The Recipient Eligibility File provides data to show not only recipients who participate in the program, but also the identity of the primary care physician (PCP) and effective dates for this care. The Reference File contains information needed by the Claims Processing Subsystem to identify procedures covered under the CommunityCARE Program in addition to the approved payment rate for these procedures. The Unisys Files Maintenance Unit will continue to provide online updates to provider, recipient, and reference data based on information supplied on Forms PE-50 and LMMIS Intranet/SL-2 received from the Department. Unisys will continue to update provider assignments on the Recipient File based on auto assignments plus online transactions from the CommunityCARE contractor. A new update capability will be developed to support the Electronic Referral/Authorization System as defined in Proposal Section 2.11.9.11(4).

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.13
TECHNICAL REQUIREMENT AREA: CommunityCARE Functions

2.7.13.4(2) CommunityCARE Claims Processing

Unisys will continue to process CommunityCARE claims in accordance with DHH policy and procedures. The system checks the claims to assure that the provider rendering the service is the PCP or that the recipient has been referred by the PCP for a specific service as defined in SFP Section 2.7.13.2(1). CommunityCARE claims are processed as fee-for-service claims, and not as encounter pseudo-claims.

2.7.13.4(3) Data Updates and Maintenance

In addition to the data maintained and updated on the Provider, Recipient, and Reference Files, claim data is maintained on monthly claims adjudication files as well as on the Claims History File for use in claim auditing and CommunityCARE reporting.

2.7.13.4(4) Reports Generation

Unisys will continue producing reports to support CommunityCARE processing and analytical needs. Specifications for these reports indicate monthly or quarterly production cycles. CommunityCARE utilization review reports are generated each month based on the prior three months of CommunityCARE claims. Confidentiality of recipient and provider records will be maintained at the same level as is all data residing within the LMMIS.

To fulfill SFP requirements, Unisys will continue to produce the CommunityCARE related reports. These include:

- Default CommunityCARE Recipients by Parish (RS-0-34)
- CommunityCARE Recipient and Provider Information Per Family (RS-0-38)
- CommunityCARE Data Entry Listing (RS-0-50)
- CommunityCARE Update Summary Counts (RS-0-51);
- CommunityCARE Recipient/Provider Update Active Listing (RS-0-52)
- CommunityCARE Recipient/Provider Update Error Listing (RS-0-53)
- Recipient with CommunityCARE Statistics Report (RS-0-54)
- Summary of CommunityCARE Utilization Data (CP-X-01S)
- CommunityCARE Monthly Fee Report (CP-O-92).

Summary reports will be generated as part of the RS-0-52, RS-0-53, and RS-0-54 reports. The reports will be generated after the monthly CommunityCARE updates and distributed to the appropriate Department staff to monitor the CommunityCARE Program. The reports will also continue to be available through COINSERV as requested by DHH.

The CommunityCARE Monthly Fee Report (CP-O-92) is the monthly \$3.00 management fee invoice, which lists each recipient enrolled to a CommunityCARE PCP. When validated and returned by the provider, it provides the basis for payment of the management fee. The CP-O-92 is distributed to CommunityCARE PCPs each month, and it is also published (by PCP) on the LMMIS Provider website and available for download by PCPs who are registered on lamedicaid.com. This web-based capability is further described in Section 2.11.6 of this document.

Unisys understands that the Department wishes to extend, expand, and enhance the reporting capabilities of the CommunityCARE Program, to serve forecasting, performance, utilization, and evaluation needs.

PROGRAM AREA: Subsystem and Special Processing Functions Requirements REFERENCE NUMBER: 2.7.13
TECHNICAL REQUIREMENT AREA: CommunityCARE Functions

We address our proposal using web-based technologies to meet these needs in Section 2.11.9.11 of this document.

2.7.13.4(5) Systems Modifications

Modifications to the CommunityCARE Program will continue to be made by Unisys in an efficient, accurate, and timely manner to satisfy new DHH policies and procedures. A Design Change Request (DCR) form from the Department or from Unisys with DHH approval initiates all modifications to the system. The DCRs are assigned to system and/or programmer personnel that are familiar with the CommunityCARE Subsystem logic. Before implementing the modifications the test results are approved by DHH. At implementation time the modifications are documented in the LMMIS System Documentation Library which resides on the LMMIS Intranet website.

2.7.13.4(6) Label Generation

Unisys currently produces and will continue to produce labels as requested by the Department, using DHH-approved logic for identification of all new and/or existing CommunityCARE eligibles and enrolled providers.

2.7.13.4(7) CommunityCARE Expansion

The addition and deletion of both provider and recipient enrollment indicators for the CommunityCARE Program is a function of routine CommunityCARE file maintenance. Unisys will modify any editing restrictions that limit or expand enrollment upon notification by the Department. Load sheets generated at DHH and delivered to the Unisys File Maintenance Unit control the update process. Changes are made using CICS update screens, and before and after images are captured for audit trail reporting.

2.7.13.4(8) CommunityCARE Contractor Interface

Unisys will continue to interface with the CommunityCARE contractor by supplying transaction audit and claim monitoring reports. In addition, we will meet with the CommunityCARE contractor to define their needs for online access to LMMIS data, and will negotiate an equitable fee for these services. The CommunityCARE contractor will pay this fee directly to Unisys.

2.7.13.4(9) Report Generation & Distribution

Unisys will continue to produce, validate, and distribute within established timeframes all DHH-specified CommunityCARE reports as defined in the procurement library. Unisys will pay all expenses, including postage, associated with the distribution of required reports. The reports will also continue to be available through COINSERV as requested by DHH.

2.7.13.5 Policy Conformance

Unisys will conform to the policies set forth in the SFP by DHH with respect to the CommunityCARE functions.

PROGRAM AREA: Subsystem/Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.14

TECHNICAL REQUIREMENT AREA: Drug Rebate Processing

2.7.14 Drug Rebate Processing

The Pharmacy Drug Rebate function is an important part of cost containment in the Louisiana Medicaid Program. It provides a means of maximizing savings on drugs provided to recipients in an area of ever-increasing expenditures. In 2001, working with Unisys Systems personnel, the Department successfully implemented the Louisiana Pharmacy Rebate Information Management System (LAPRIMS). LAPRIMS is a client-server, Windows-based application that supplanted the older mainframe Drug Rebate Subsystem, and it resides on Department-owned servers located at the DHH Medicaid Pharmacy Benefits Management Section in the DOTD Annex building.

The LAPRIMS application is used to manage all aspects of the Pharmacy Rebate process, including the generation of manufacturer's invoices. The generated invoices and cover letters are mailed out to the manufacturers by obtaining the addresses from the LAPRIMS Labeler File. In 2001, as part of the LAPRIMS implementation, Unisys designed and implemented several programs to extract MMIS data for use by the LAPRIMS application. These extract programs are run at each month-end to update LAPRIMS with applicable pharmacy claims data, procedure formulary data, provider data, and recipient eligibility data. Unisys also modified its quarterly drug rebate and labeler update process to receive the CMS files and route them (via electronic means) to the Department's PRIMS application.

Each quarter Unisys processes the following input files.

- **CMS Manufacturer Data:** The LMMIS accepts drug manufacturer information on magnetic media from CMS and Unisys reformats the data and transmits it to the Department. The data is used to update the LAPRIMS Drug Rebate Manufacturer Labeler File with information related to contact persons, invoice mailing addresses, rebate agreement status, and active status. Unisys also transmits to LAPRIMS any changes to this information when they are received from CMS via Medicaid Drug Rebate Program Releases.
- **CMS Drug Specific Data:** The LMMIS also accepts drug-specific rebate data on magnetic media from CMS, and Unisys reformats the data and transmits it to the Department for inclusion in LAPRIMS. The data consists of (but is not limited to) participation status, rebate rate amounts (current and adjustments to prior quarters), and product information for specific national drug codes (NDCs). The data is also used to update the LMMIS Procedure Formulary File with Drug Efficacy Study Implementation (DESI) status, termination status, and drug category per NDC.

2.7.14.1 Objectives

Unisys acknowledges the objectives of Drug Rebate Processing as outlined in the SFP.

2.7.14.2 Description

Unisys acknowledges the description and functions of Drug Rebate Processing as defined in the SFP.

2.7.14.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to Drug Rebate Processing and will continue to work with and support DHH in carrying out each of the stated responsibilities.

PROGRAM AREA: Subsystem/Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.14

TECHNICAL REQUIREMENT AREA: Drug Rebate Processing

2.7.14.4 Contractor Responsibilities

Unisys will continue to operate Drug Rebate Processing according to established procedures to ensure smooth, uninterrupted processing. Our commitment to successful performance of these functions is supported in the following response to each of the itemized SFP responsibilities listed in this section.

2.7.14.4(1) Quarterly CMS Processing

Unisys will continue to support the Drug Rebate Program by processing the CMS Rebate and Labeler files on a quarterly basis and forwarding them to DHH within three (3) days of receipt of the CMS data from the Department.

2.7.14.4(2) Report Production

Unisys will continue to produce all DHH required reports and files in formats approved by CMS and DHH. As the incumbent contractor, Unisys has produced reports and files in both hardcopy and electronic formats (including COINSERV and CD-ROM) to support the DHH drug rebate process.

2.7.14.4(3) Drug File Update

The Unisys Files Maintenance Unit will continue to update the LMMIS Drug File with DESI status and termination status for all NDCs as reported on the CMS Quarterly Drug Rebate File. This is accomplished by setting the NDC pricing action code to "not pay" status with an effective date on the Drug File when its DESI status becomes a '5' or '6' on the CMS quarterly file. Also, when CMS reports a termination status, Unisys updates the Drug File with a pricing action code to "not pay" status with an effective date.

2.7.14.4(4) Distribution of Files and Reports

Unisys will continue to process the completed invoice data CD for return to CMS by transferring it to the required electronic format to DHH within three (3) working days of receipt of the CD from the Department.

2.7.14.4(5) Monthly Data Extracts

Unisys will continue to supply the Department with monthly extract data within five (5) working days of the close of the period. The monthly extracts are created and transmitted in production job LAMPDRM4, which builds the following eight files (note that **mm** designates the numeric month and two-digit calendar year of the period):

<u>File Description</u>	<u>File Name/Format</u>	<u>Period</u>
Provider Enrollment File	BPREmmmy	Monthly
Provider Demographic (Static) Data File	BPRVmmmy	Monthly
Eligible Demographic (Static) Data File	BESDmmmy	Monthly
Procedure Formulary File	FORMmmmy	Monthly
Claim Type 12 File	PC12mmmy	Monthly
Claim Type 15 File	PC15mmmy	Monthly
Claim Types 03 and 04 File	PC34mmmy	Monthly
Descriptive Therapeutic Class (DTC) File	DTCmmmy	Monthly

2.7.14.4(6) Quarterly Data Extracts

Unisys will continue to supply the Department with quarterly extract data within three (3) working days of the close of the period. The quarterly extract files are created and transmitted in production jobs LAMPDRQ6 and LAMPDRQ7, which build the following files (note that **q** denotes the calendar quarter: 1, 2, 3, 4; **yy** denotes the two-digit calendar year of the period, and **yyyy** denotes the four-digit calendar year of the period):

PROGRAM AREA: Subsystem/Special Processing Functions Requirements

REFERENCE NUMBER: 2.7.14

TECHNICAL REQUIREMENT AREA: Drug Rebate Processing

<u>File Description</u>	<u>CMS File Name</u>	<u>DHH File Name</u>
CMS Rebate Amount File	RBATE.q.yyyy	REBATE_QTRqYRyy.zip
CMS Labeler File	LABLR.q.yyyy	LABELER_QTRqYRyy.zip
CMS Rebate Invoices File	Invoice Summary File	(receipt from Department)

2.7.14.4(7) Monthly Pharmacy Claims Data

Unisys will continue to provide the Department with a monthly extract file of pharmacy claims data from the LMMIS claims activity and claims history archives, and/or from the MARS Data Warehouse (MDW) using the Department's defined format and selection criteria.

2.7.14.5 Policy Conformance

Unisys will conform to the policies set forth in the SFP by DHH with respect to Drug Rebate Processing.

PROGRAM AREA: Provider Relations

REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

2.8 Provider Relations

Unisys realizes customer satisfaction, both from the Department of Health and Hospitals (DHH) and the provider community, is paramount to the success of the Louisiana Medicaid Program. The continuation of the Unisys contract will enable DHH and providers to rest assured that the same company that has served their needs for the past 20 years is still here and still committed to fulfilling our mission of providing quality service to the State and the provider community. The provider relations staff has developed a strong, positive working relationship with both DHH and the providers. We will continue this relationship, thus preventing learning curves and time spent building new relationships and trust. Vital to the success of the Medicaid Program in any state is having a sufficient number of qualified providers willing to deliver healthcare to eligible recipients. Providers who experience difficulty billing Medicaid claims become disenchanted, resulting in an increasingly negative image of DHH, Unisys, and the Medicaid Program in general. In order to ensure that qualified providers participate in the Louisiana Medicaid Program, correctly bill for Medicaid services, and receive necessary assistance, a professional customer service organization is an essential component. This organization must be dedicated to providing quality and timely services to the provider community.

To reduce provider frustration, Unisys provider relations staff systematically identify providers who are having difficulty billing and offer assistance to prevent escalation of the problem and possible disenrollment from the Medicaid Program. Provider problems are regularly and systematically analyzed with a view toward prevention of recurring problems. Regular reports categorizing problem areas are produced with the goal of preventing problems, reducing confrontation, and engaging in proactive provider relations.

The provider relations function is the most visible component of the LMMIS to the provider and, as such, will have high system priority. Figure 2-91, **Provider Relations Overview**, illustrates the basic functions of the department.

A reference letter attesting to our successful operation of a MMIS Provider Relations Department appears at the end of this section.

2.8.1 Objectives

Unisys acknowledges and supports the objectives of Provider Relations as outlined in the SFP.

2.8.2 Description

Unisys acknowledges the description and functions of Provider Relations as defined in SFP Section 2.8.2.

2.8.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to Provider Relations and will continue to work with and support DHH in carrying out each of the stated responsibilities.

2.8.4 Contractor Responsibilities

Unisys will continue to perform the Provider Relations function according to established procedures and in a manner that ensures smooth, uninterrupted processing. Our commitment to successful performance of

PROGRAM AREA: Provider Relations

REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

these functions is supported in the following response to each of the itemized SFP responsibilities listed in this section.

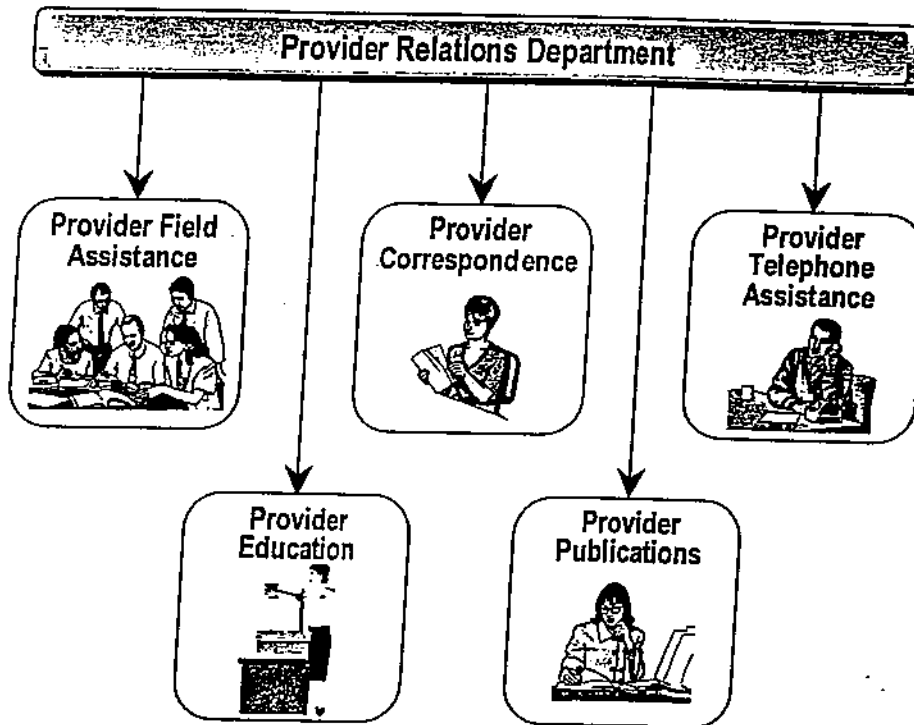


Figure 2-91, Provider Relations Overview

2.8.4.1 General Responsibilities

The Unisys Provider Relations Department is staffed with trained specialists who are dedicated to performing all provider relations activities for the Louisiana Medicaid Program, including the receipt, processing, and resolution of all provider requests. The Department consists of a manager, supervisor, field representatives, and other customer service professionals trained to provide prompt, courteous and accurate assistance to providers and DHH. All members of the staff undergo intensive training in LMMIS billing requirements for all provider types, all aspects of LMMIS operational procedures, and the use of all file access capabilities, web applications, and certain Intranet functions.

2.8.4.1(1) Policy and Procedure Changes

When the provider relations manager receives notification of a change to policy from DHH, Unisys policies are updated and disseminated to all affected staff. The provider relations manager or supervisor also addresses all changes in the regularly scheduled staff training. Any issues requiring clarification are promptly resolved. Interdepartmental memos or e-mail messages are written as needed to clarify policy and procedure changes and to notify staff of any potential problems identified with these changes.

2.8.4.1(2) Remittance Advice Review

While monitoring the check stuffing process for accuracy, errors, and legibility, production control staff, the supervisor of provider relations, and the provider relations staff review a sampling of the weekly

PROGRAM AREA: Provider Relations

REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

remittance advices. Any aberrant findings are reported immediately to the appropriate personnel in order to resolve any problems. If the findings are such that a provider's remittance advice cannot be mailed, a form letter is mailed to the provider indicating that the remittance advice will follow. If problems are identified, a report is completed and forwarded to the systems manager outlining the problem(s) or issue(s) with the quality and accuracy of sampled remittances.

2.8.4.1(3) Provider Interface

In the interest of maintaining good working relationships with health care providers, Unisys field representatives conduct regular visits to provider offices. The representatives are responsible for educating providers about Medicaid policy, HIPAA requirements, the claims processing system, claims billing, prior authorization procedures, use of electronic transactions, and the use of all provider web applications.

Provider visits are primarily scheduled at the providers' place of business. However, Unisys continues to support scheduled visits by providers and their staff to the Baton Rouge facility. These visits provide an opportunity to enhance provider awareness of Medicaid operating procedures and of actions taken to ensure that claims are processed promptly and accurately. These visits are tracked and reported in the same manner as field visits.

2.8.4.1(4) DHH Interaction

Unisys provider relations staff has worked closely with DHH on a daily basis to identify system and policy problems which surface through provider calls, correspondence, and field visits, and has shared information on potential problems. Where appropriate, the Unisys systems staff has taken the identified problems and worked with DHH staff to implement system modifications to effect resolution to the problems.

Provider concerns and suggestions funneled to DHH through the Provider Relations Department have also contributed to the joint development of technical solutions and web applications to assist providers with daily activities to alleviate frustrations.

Over the years, Unisys has either initiated or participated in meetings concerning program expansions/changes, policy clarification, training needs, HIPAA implementation, new application development, and many other program issues. We realize the value of open discussion and understanding of program concerns and problems by all parties. Unisys will continue to maintain open lines of communication, attend and request meetings with DHH personnel, and be available to DHH staff as needed.

2.8.4.1(5) Provider Association Communication

Provider associations are integral to relationships between Unisys, the State of Louisiana, and the Louisiana MMIS provider community. They foster ongoing communication about the Medicaid Program to their members through newsletters and conferences. Efforts by Unisys to communicate with providers through their associations include:

- Preparing articles on relevant issues for provider association newsletters and other membership communication publications

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REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

- Communicating important information to association personnel via e-mail which allows immediate disbursement of important information to association membership
- Attending provider association conferences and, as appropriate, making presentations at those conferences
- Staffing exhibit booths at association conventions
- Evaluating and recommending appropriate changes to program policies and guidelines as indicated by associations on behalf of their providers
- Assisting with training for provider workshops sponsored by the associations
- Working closely with associations to resolve problems voiced by their membership when possible and demonstrating new technology developed to assist the provider community.

2.8.4.1(6) Billing Problem Notification

The Unisys Provider Relations Department will continue to inform DHH and providers of any identified billing problems. Notification to DHH and providers is given on provider correspondence, remittance advice notices, provider newsletters, various association media, updates to provider manuals, and website postings.

2.8.4.1(7) REOMB Review

Currently, the Unisys Provider Relations Department receives all Recipient Explanation of Medical Benefits (REOMBs) returned by recipients and screens them for responses. Provider relations staff determine whether the responses are complaints, possible fraud/abuse cases, or acknowledgments of services received. All complaints and possible fraud/abuse cases are forwarded to the Surveillance and Utilization Review (SUR) Department for investigation and/or case openings based on findings. Provider relations also reports to DHH monthly all REOMBs returned from recipients and the number referred to the SUR Department, including how many are existing SURS cases. This process will continue with the new contract. Figure 2-92, REOMB Monthly Report, depicts the reporting mechanism.

PROGRAM AREA: Provider Relations

REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

2.8.4.2(4) Toll-Free Lines

Unisys will ensure our call center analysts are accessible to the provider community by providing a minimum of 16 toll-free telephone lines into the Provider Relations Department. These lines may be decreased or increased as deemed necessary by DHH. Staff answering provider calls are specialists trained to respond to provider inquiries quickly, accurately, and efficiently.

Should a collect call process through the automated attendant to an inquiry analyst, the analyst gives the long distance operator the toll free inquiry telephone number.

2.8.4.2(5) Telephone Communications Staffing

All provider relations telephone lines will continue to be staffed from 8:00 a.m. to 5:00 p.m. Monday through Friday with the inquiry analysts required to ensure that at least 90 percent of incoming calls are processed without placing a provider on hold or returning a busy signal. Staffing levels are continuously evaluated to ensure that we meet or exceed contract requirements and deliver prompt, accurate service to the provider community.

The telephone system provides the supervisor and unit leader with the ability to monitor agent queues and incoming calls online, which allows routing of calls to accommodate call volume. Unisys will give special attention to establishing coordination of efforts and a teamwork approach between Unisys, other Medicaid contractors (e.g., Medical Dispatch, Statistical Resources), and DHH to ensure appropriate call referrals when necessary and to continue to provide exceptional customer service to our providers.

2.8.4.2(6) Telephone Inquiry Response

Provider relations offers extensive provider services and support capabilities. Providers receive immediate responses by telephone to specific questions regarding obtaining provider applications, completion of claims, fee determination, program coverage, billing procedures, claim denial messages, claims payment issues, remittance advices, and related inquiries such as diagnosis and procedure coding. Provider inquiry personnel also answer other questions about the Louisiana MMIS fiscal intermediary's duties and responsibilities.

Provider relations staff also assist providers with understanding the information presented through the lamedicaid.com website, including the secured information provided through:

- Claims Status Inquiry (CSI) – a real-time application that allows the user to submit transactions to inquire on the status of claims
- Electronic Clinical Data Inquiry (e-CDI) – an application that provides medical data on recipients based on claims history
- Electronic Referral Authorization (e-RA) – a real-time application that allows CommunityCARE Primary Care Providers and hospitals to generate and approve medical referrals electronically.

Provider telephone inquiries requiring extensive or lengthy research are referred to correspondence research personnel for resolution so that telephone lines are free to receive additional calls. When the correspondence research analyst has gathered all information appropriate to a request, an analyst calls the provider or sends a written response to the inquiry.

PROGRAM AREA: Provider Relations

REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

2.8.4.2(7) Inquiry Research and Follow-Up

Although most provider inquiries can be resolved during an initial call, some inquiries require research. The daily telephone report indicates whether a provider inquiry has been resolved and whether a call-back is required so inquiry analysts can track the length of time it takes to resolve each inquiry. The call database generates a callback reminder to the analyst, with a cumulative summary report to the supervisor, to ensure that all return calls are made within 10 business days of the initial call.

Weekly, monthly, and quarterly analyses of telephone calls are performed by the supervisor/manager to determine provider training needs and trends in inquiries.

When a telephone inquiry is received which requires further, more in-depth attention from a field analyst, the inquiry analyst either transfers the call to the appropriate field analyst, to the voice-mail of that analyst, or completes the form depicted in **Figure 2-94, Provider Contact Request** on the following page.

Inquiry analysts will record the following information on the Provider Contact Request:

- Field analyst
- Date of inquiry
- Type of inquiry (i.e. Provider, DHH, Unisys, Other)
- Provider identification
- Contact person
- Description of problem
- DHH requestor (if applicable)
- Originator name
- Date of referral.

These request forms are delivered to the field analyst, and a message is left on the analyst's voicemail when the form is placed in the analyst's mailbox.

Contacts by field analysts are made within 10 business days of receiving a request.

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REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

Request Type:
☐ State* ☐ Unisys
☐ Provider ☐ Other

Provider Rep's Name: _____

Request For Provider Contact

Date: ____/____/____

Provider Number: _____

Provider Name: _____

Address: _____

Telephone: (____) _____

Contact Person: _____

Nature of Problem(s): _____

W State Request:
 State Requester: _____

Originator's Name: _____

Figure 2-94, Provider Contact Request

2.8.4.2(8) Computerized Telephone Tracking Log

Critical to the overall management of the Provider Relations Unit is the ability to accurately handle and record information about customer contacts. Not only does relevant information about a contact need to be documented, but also staff needs to be able to retrieve and review customer contacts. This allows the analyst taking the current call to review what interactions have previously occurred with the caller and if work has already begun on the issue at hand, thus streamlining the process for both the caller and the analyst. It also allows the analyst to identify potential problem providers and/or situations.

Unisys offers a comprehensive automated telephone call tracking capability for monitoring and reporting interactions between providers and inquiry analysts. When a provider call is received, the inquiry analyst enters specific call information into a personal computer database. The analyst can then move from the call-tracking screen to all of the online resources available to easily and quickly review and resolve the call. Once the call is resolved, the analyst can easily move back to the call-tracking screen to enter any additional information needed to finalize the call.

Reports will be generated to examine provider call frequency, type of calls received, number of calls by provider type, and the number of calls by inquiry type. This data will be used to identify problem providers to schedule field visits where needed; to determine the call distribution by provider type and inquiry type to target areas for follow-up or development of provider information; and to notify DHH of

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problem providers or problem areas. Logs will be made available within two business days of a DHH request at no cost to the Department. They include date of inquiry, analyst, inquiry type, inquiry category, description, response, date of response, and response time. Pharmacy calls are routed to the Unisys Pharmacy Point of Sale (POS) Unit. A log will be kept of those inquiries concerning the coverage of specific drugs and will be forwarded to the Department upon request. **Figure 2-95, Call Center Tracking Process Flow**, depicts this process. Additionally, Unisys will provide the automated correspondence tracking capability described in Section 2.8.4.3 (3).

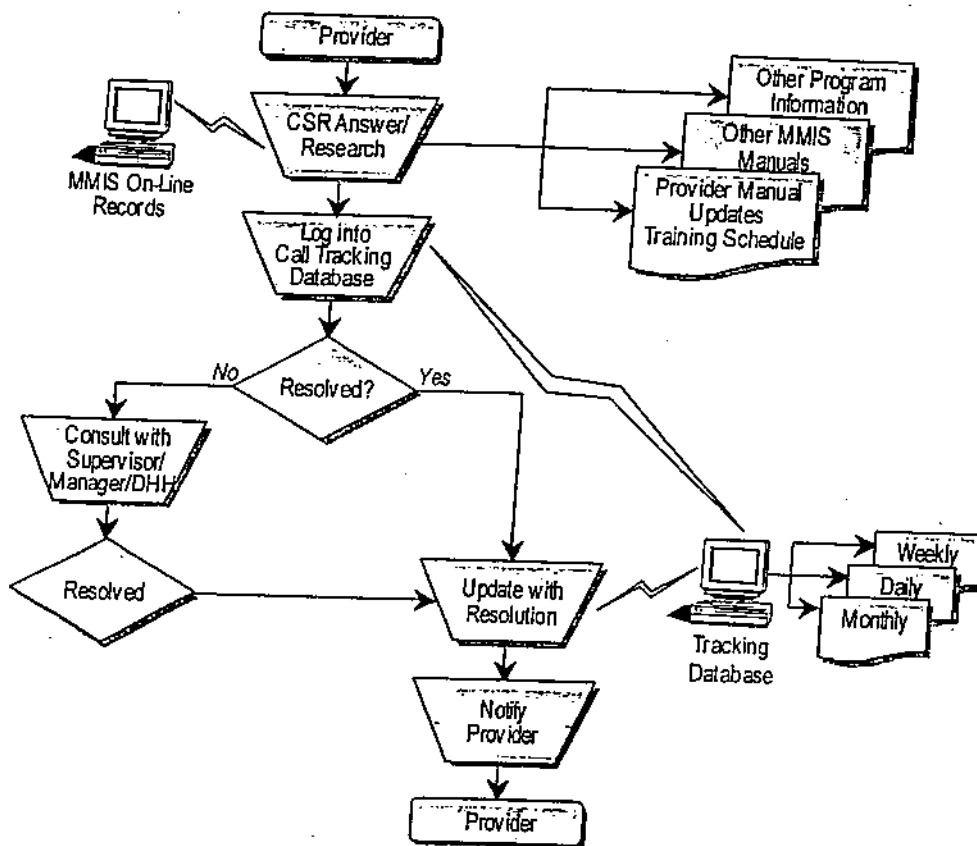


Figure 2-95, Call Center Tracking Process Flow

2.8.4.3 Correspondence Inquiry Responsibilities

Unisys will respond to and document written inquiries from providers. Correspondence features and operational procedures are based on customer satisfaction and meeting contract requirements.

2.8.4.3(1) Written Correspondence

A post office box separate from those reserved for claims is maintained for Provider Relations correspondence. Mail is picked up by mailroom personnel and delivered twice each day. Additionally, all provider correspondence sent to other Unisys post office boxes is screened and referred to the Provider Relations Department for disposition.

PROGRAM AREA: Provider Relations

REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

2.8.4.3(2) Correspondence Sorting

All mail is sorted into groupings including correspondence requiring a response; correspondence misdirected to the department; and claims that do not appear to require provider relations staff attention. New claims are routed through the mailroom to the Claims Department. Misdirected mail is promptly forwarded to the appropriate department.

2.8.4.3(3) Correspondence Logging

Correspondence is tracked using a unique correspondence control number assigned to each piece of mail. This correspondence control number is comprised of the Julian date of receipt followed by a sequential number for internal control and logging. A correspondence analysis sheet is generated and attached to each original document.

The correspondence tracking system captures the correspondence control number; provider's name; Medicaid ID number; category of inquiry; brief description of the inquiry; the response; date by which the inquiry must be answered; date the inquiry is actually answered; and analyst's identifying information. Every step of the process, from initiation to final outcome, is documented and can be extracted into a report.

Reports are generated from the database to identify aberrant providers and report monthly statistical data concerning numbers and types of correspondence and turnaround time. Figure 2-96, Correspondence Tracking Database, presents the database screen used to log and track orders.

Mail Logging Screen

ICN: _____ Stamp Date: 12/23/2003 Due Date: 01/06/2004

PID: _____

Name: _____

Address: _____

City: EUNICE LA 70535

HIPAA: ☐

Edit Inquiry Type: DENIED CLAIMS

Edit Carrier: _____

Tracking Number: _____

Comments: _____

Enter Recipients Number of Claims: 1

Attention: Medicaid Billing Department

Destination: Claims Specialist **Edit**

To Typing: _____

From Typing: _____

Date Mailed: _____

Process Days: 0

Edit Response: _____

Record: 14 of 56790 Ready

Figure 2-96, Correspondence Tracking Database

PROGRAM AREA: Provider Relations

REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

2.8.4.3(4) Correspondence Processing

Currently, correspondence is logged, assigned a unique control number, and the original hard copy inquiry is routed to a correspondence analyst to work. The final disposition is logged, and the hard copy inquiry and response are placed in a correspondence folder for filing and storage. In keeping with the Department's request to image all paper documents, Unisys will implement a state-of-the-art workflow process that consists of independent modules that can be integrated in a phased-in approach. In an effort to move toward a paperless environment, we will implement the scanning/imaging module with contract implementation, providing a Provider Enrollment Tracking System (PETS) like look and feel to provider correspondence, which is currently a paper-laden process. Aging data will be migrated to near-line optical storage for ease of access. Original documents will be stored off-site.

As indicated above in Section 2.8.4.3(3), the central correspondence log will contain the name of the correspondence/research analyst assigned to answer a particular inquiry. As a result, each inquiry will receive attention from a staff member specifically assigned to respond to written requests from providers and the Department. All imaged documents will be accessible by DHH.

- The new system will allow the supervisor to view call queues and route calls to available staff in order to accommodate incoming call needs. The expanded dynamic tracking and reporting manager feature allows the provider inquiry supervisor to develop online, real-time graphs that reflect the state of incoming calls, for example, a graph that displays ports changing from idle to prompting to queuing. Of greater importance, the supervisor has the ability to set alarms that indicate when business thresholds have been reached. If an alarm is raised, the supervisor can then reassign agents and create new alarm conditions.

This transition to imaging will allow efficient and immediate access to these documents as needed by analysts working correspondence, those taking provider calls, and other requestors. **Figure 2-97, Provider Correspondence Process Flow**, displays this workflow.

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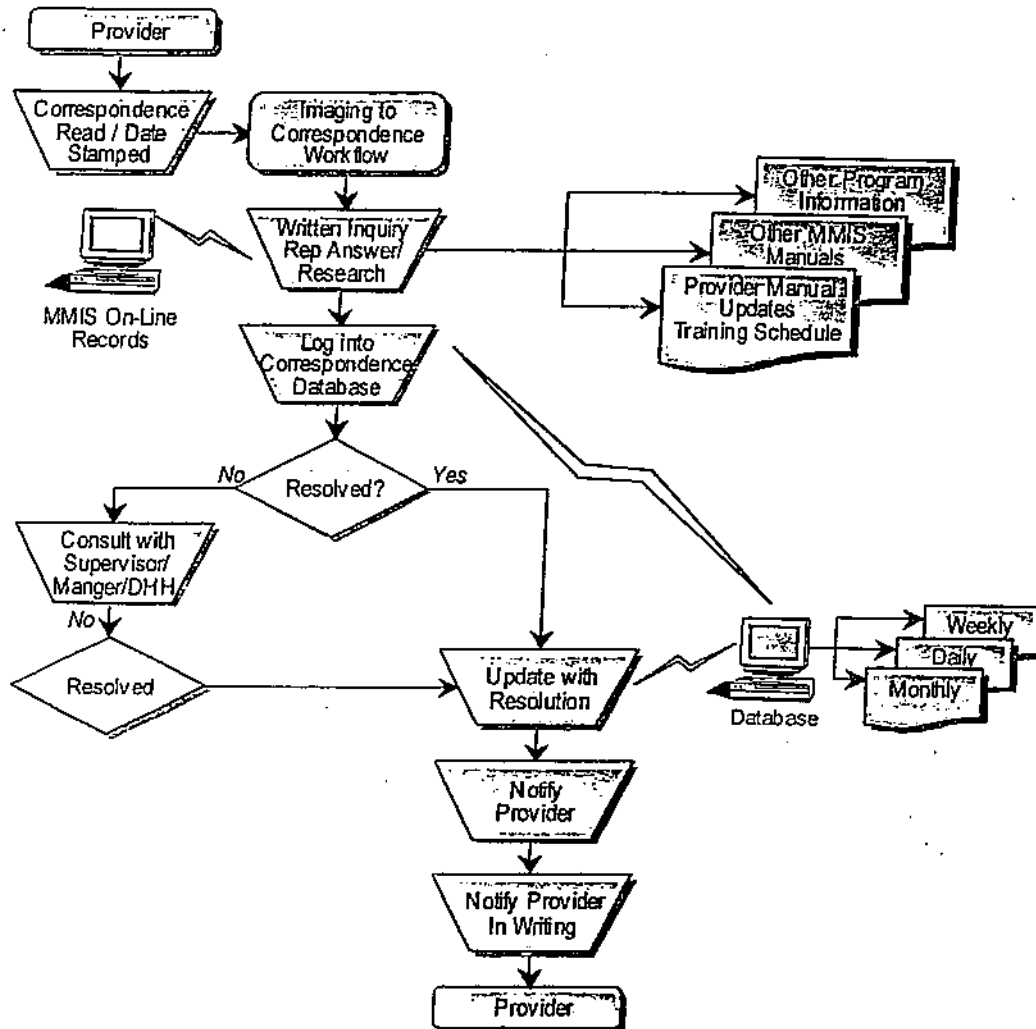


Figure 2-97, Provider Correspondence Process Flow

2.8.4.3(5) Correspondence Research for DHH

Inquiries from DHH are researched by the correspondence/research analysts using such resources as:

- Online files
- Optical Assisted Data Entry Storage (OADES)
- Websites and applications
- Online reports through COINSERV
- Microfiche/microfilm resources (for aged data)
- Procedure manuals
- Provider manuals/training packets
- Computer printouts (e.g., provider histories, recipient histories)
- Expertise of the internal senior-level and medical staff.

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REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

Responses are currently and will continue to be prepared and mailed to the Department within 10 business days of receipt.

2.8.4.3(6) Correspondence Response

Written responses are formatted to include all pertinent information associated with inquiries from providers or for claim research requests from DHH. Following the required research, the correspondence analyst prepares substantive written responses by selecting the appropriate reply from a file of standard responses or by creating individual responses. Responses are mailed within 10 business days of receipt of the inquiry.

2.8.4.3(7) Provider Responses

Responses are forwarded to the provider. The Correspondence Unit records the completion of this inquiry in the automated tracking database and mails the responses and any supporting documentation such as policy manual pages, newsletter articles, and/or payment information, within 10 business days of receipt of the request.

2.8.4.3(8) DHH Responses

The supervisor and unit leader monitor the correspondence as it moves through the process to ensure that DHH responses and supporting documentation are mailed within 10 business days of receipt of the request or by the date indicated on a Department request. The correspondence unit leader monitors the correspondence turnaround time daily, and systems reports are generated to ensure that responses are mailed within the required timeframe.

2.8.4.3(9) Provider Manual Orders

The provider manuals distributed to all providers remain one of the principal sources of LMMIS information for providers. Unisys will provide web access to these manuals, as well as continue to provide copies of these manuals to the State in the specified quantities, to all newly enrolled providers upon enrollment, and to established providers upon request.

Coordinating with DHH for approval and release. Unisys will publish all provider manuals on the lamedicaid.com website, where they can be downloaded as portable document format (PDF) files. This will allow providers, DHH, and interested parties "finger-tip" access to these program manuals, as well as user-friendly search capabilities for information contained in the manuals.

To ensure the most efficient process possible. Unisys will work with providers to develop an in-depth understanding of the website processes. Unisys currently provides a technical support help desk to assist providers needing technical assistance using this website, and will also provide display screens as tools to assist all users in navigating through the information offered to ensure they can locate provider manuals and other needed materials. **Figure 2-98, Prototype of Online Help Window**, shows an example from an online selection similar to the ones we will provide in Louisiana.

PROGRAM AREA: Provider Relations

REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

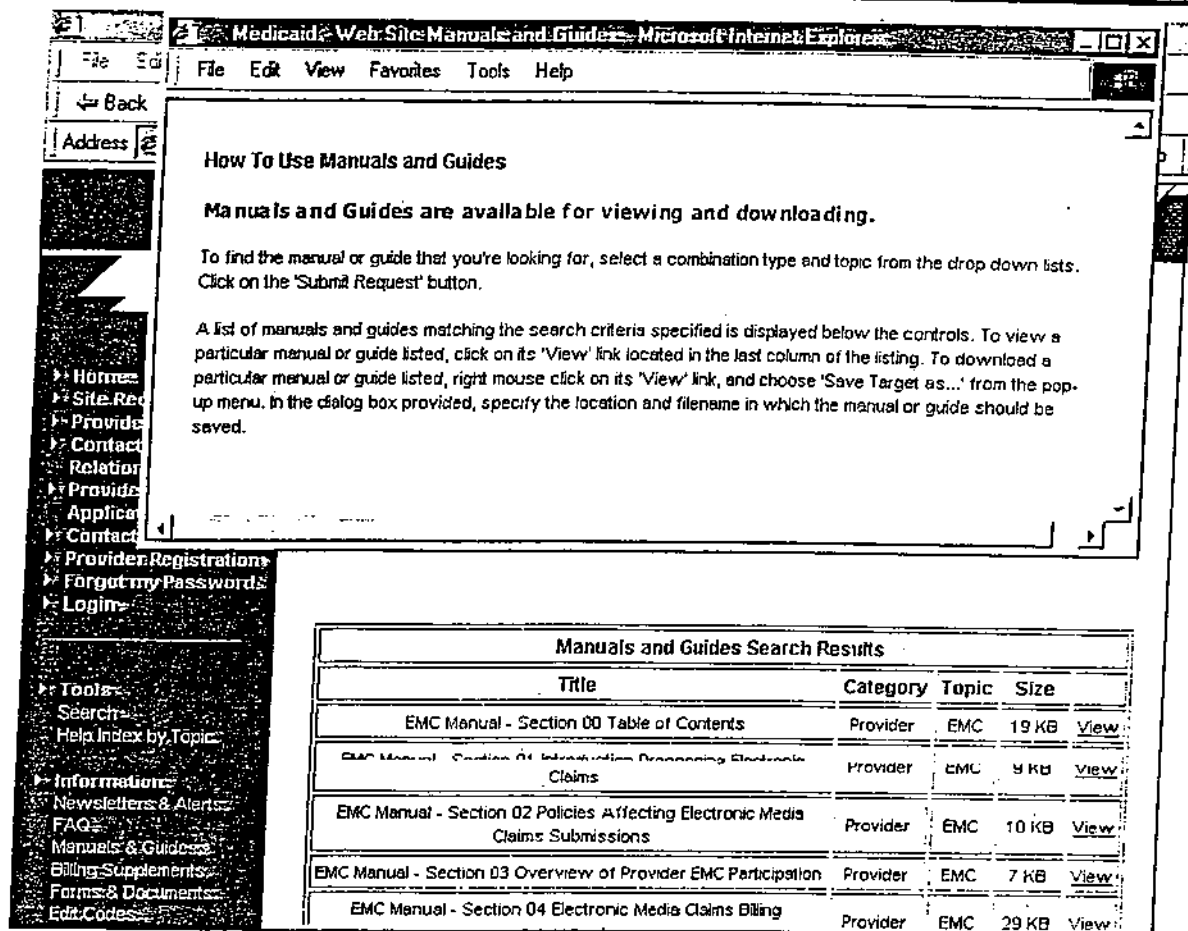


Figure 2-98, Prototype of Online Help Window

For providers who may not have access to or choose not to use the Internet, we will provide material in hard copy when requested. Distribution of hard copy manuals is logged in an automated database and, as with other correspondence, mailed within 10 business days of receipt of the request. Figure 2-99, Orders Tracking Database, presents the database screen used for logging and tracking orders.

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REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

The screenshot displays a software window titled "Provider Phone Orders" with a menu bar (File, Edit, View, Insert, Format, Records, Tools, Window, Help) and a toolbar. The form contains the following fields and controls:

- ID:** AutoNumber | **Date Requested:** 12/16/2003 | **Manual:** [dropdown]
- PID:** [text] | **Type:** [dropdown] | **Training Packet:** [dropdown]
- Name:** [text] | **Enrollment:** [dropdown]
- Swap:** [checkbox] | **Address:** [text] | **Forms:** [dropdown]
- City:** [text] | **Parish:** [dropdown]
- Phone:** [text] | **A TPL:** [checkbox] | **B TPL:** [checkbox] | **Fee Schedule:** [dropdown]
- Attention:** [text] | **App:** [dropdown] | **RA:** [checkbox] | **History:** [checkbox]
- Origin of Request:** JEANNE
- Date Mailed:** [text]
- Number of Packs:** [text] | **Field Rep Visit:** [checkbox] | **Pull RA:** [checkbox] | **RA Mailed:** [checkbox] | **Lost Check:** [checkbox] | **Change Dat:** [checkbox]
- Process Days:** [text] | **Letter:** [checkbox] | **Call Back:** [checkbox] | **Back Order:** [checkbox] | **Incomplete:** [checkbox]

On the right side, there is a vertical toolbar with icons for various actions: Open Popup Bc, Call Back, Field Rep, History, Lost Check, A TPL, Back Order, Date Mailed, Return Che, and Change Dat.

At the bottom, the status bar shows "Record: 14 of 70386" and "Form View".

Figure 2-99, Orders Tracking Database

2.8.4.3(10) Correspondence Monitoring

A desk-level procedure manual is maintained by each correspondence analyst as a reference tool in responding to provider inquiries. Once response letters are generated, these responses are reviewed for technical and grammatical accuracy and approved by the supervisor or analyst prior to mailing. The use of standard form letters and pre-approved inserted paragraphs for routine responses also assists with ensuring clear and accurate responses. The Provider Relations Supervisor and Manager and the Technical Support Manager also review a monthly correspondence sample to ensure acceptable quality standards are met or exceeded.

2.8.4.3(11) Correspondence Control

The central correspondence log contains the date the inquiry was mailed. The correspondence analysis sheet, a copy of the Unisys response, supporting documentation, and the letter and material sent by the provider are currently stored as files of hard copy documents. With implementation of the new contract, these documents will be stored as images, with original documents filed and stored off-site. The PC database is continually updated with information reflecting inquiries received, current processing status, and completion date.

Unisys has found the system of correspondence imaging, correspondence control numbers, correspondence analysis sheets, central logs, and database reports to be an effective control mechanism for ensuring that all written inquiries from providers or DHH are answered within 10 business days from

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receipt of the inquiry or request for research. It also provides an accurate record of written inquiries received by provider types.

2.8.4.3(12) Maintenance of Correspondence Files

The Provider Relations Department currently maintains all correspondence as hard copy documents. With the new contract implementation all correspondence, supporting documentation, and responses will be maintained as images for easy processing and access. Inquiries will be imaged on a daily basis. Original correspondence documents will be kept in-house for a brief period of time, then stored off-site.

2.8.4.4 Field Visit and Training Responsibilities

Unisys believes that training of providers and billing entities facilitates good working relationships and fosters long-term provider satisfaction. To that end, we deliver training and assistance through field visits and training seminars to healthcare providers. Special trainings for vendors, billing agents, and clearinghouses (VBCs) will be provided as required. Figure 2-100, Field Analyst Work Flow represents this process.

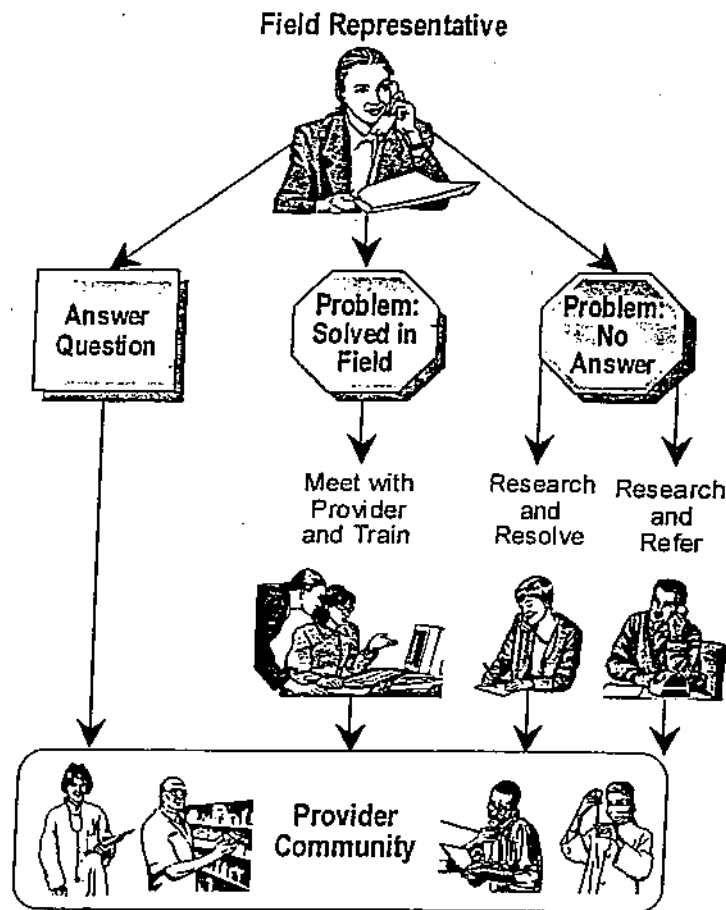


Figure 2-100, Field Analyst Work Flow

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TECHNICAL REQUIREMENT AREA: Provider Relations

2.8.4.4(1) In-Service Training

Employee training strengthens the work force and enables us to better serve our customers. Unisys provides its employees ongoing training courses that

- Are both immediate and future-oriented
- Serve the interests of the corporation, the project, and the employee
- Broaden the knowledge of the employee, as well as the project
- Provide the employee with new perspectives
- Encourage strategic thinking
- Lead people beyond their present functions.

Unisys health care professionals and systems staff, including medical review staff, pre-certification staff, files maintenance staff, and Unisys internal systems staff, will conduct in-service training programs for the Provider Relations staff at least four (4) hours a month.

As Unisys assumes new responsibilities through the phase-in of contract enhancements and additional functional requirements, the provider relations staff will receive extensive training in areas such as new web applications, new imaging capabilities, new KIDMED/CommunityCARE system enhancement, managed care, and the proposed relational data base management system which will ensure a smooth transition to these functions and prepare our staff to answer providers' questions accurately. Training programs are targeted to build the understanding and skills necessary to achieve the objectives of the Louisiana MMIS project. The programs are developed and customized to meet the needs of the group.

2.8.4.4(2) Procedure/Formulary File Interpretation

Included as a part of ongoing employee training, presentations are conducted by staff members with expertise in specific areas such as procedure/formulary file interpretation. As enhancements are made to existing files and screens, we will continue to thoroughly train staff in the use of new data and new screens. These sessions include information such as interpreting pricing information, prior authorization indicators, HIPAA screen upgrades, and pricing restrictions.

2.8.4.4(3) Field Meetings

Unisys recognizes that communication is the key to maintaining effective and positive provider relationships. The Provider Relations Department is organized to both prevent and respond to problems. A key component of such prevention and response is interaction with providers, including face-to-face visits. We also schedule group meetings with providers as requested or needed. Upon request, Unisys conducts provider visits/meetings for new and existing provider training; claims resolution assistance; use of web applications; discussions of specific policy issues; and introduction of new projects. These requests may originate from providers, provider associations, DHH, or Unisys staff.

Unisys works closely with provider associations such as the Louisiana Hospital Association, Louisiana Nursing Home Association, Homecare Association of Louisiana, Healthcare Financial Managers Association, LA Miss Hospice and Palliative Care Organization, Louisiana State Medical Society and parish medical societies to provide ongoing communication, education, and support of the associations and their membership through attendance at association meetings; presentations; and distribution of important informational bulletins.

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Field analysts schedule, coordinate, and facilitate all site visits and meetings. They are made within 15 business days of receipt of the request unless the requestor requires a date outside the 15-day timeframe. The analysts' reports document the date of the request and the date of the visit, which allows monitoring of turnaround time for requests. Random quality checks of visit requests against visits completed is also performed.

2.8.4.4(4) Training Plan Development

Provider training is a critical responsibility within the Unisys Provider Relations Department. A major goal of this function is to support efforts to accomplish a smooth claims processing operation. Unisys is fully cognizant of its responsibility to offer and implement successful provider training programs, especially considering the changes on the horizon of health care management. When training and general assistance are readily available to providers, claims can be processed more expeditiously and accurately, resulting in a more satisfied provider community. The continuance of Unisys as fiscal intermediary will assure the providers of the same staff expertise and professional presentation for their training needs.

Unisys coordinates formal provider training activities through an annual written provider training plan, which is submitted to DHH for review and approval. Unisys monitors the training plan and revises it as necessary in response to changes to the Louisiana Medicaid Program.

We will continue to develop a training schedule that includes dates and locations for provider training and topics to be addressed at the training sessions. Locations that promote high levels of provider participation and the development of a training agenda that is responsive to issues and concerns of the provider community and DHH are the most important factors in determining the schedule.

The number of training workshops given in any one location varies depending on provider population and scope of information to be covered. These regional workshops are scheduled by provider program type, and at least one workshop session for each program type is presented at each regional site.

2.8.4.4(5) Training Material Development

Unisys designs training materials with the purpose of developing provider awareness of procedures relating to the correct filing of Louisiana Medicaid claims; understanding policy as well as introducing new policy or policy changes; and presenting information concerning new developments in technology. These materials reinforce the topics covered in the sessions, provide educational information as a supplement to the covered topics, and channel future provider questions or problems to the appropriate source. All training materials are submitted to DHH for review and approval prior to final printing.

Typical training material that Unisys uses and will continue to use parallels the oral presentation and generally includes the following:

- Definition of terms
- Policy additions/changes/reminders
- Claim filing tips by provider type
- Problem claims and their solutions

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-
- Billing of paperless claims through Electronic Data Interchange (EDI)
 - Adjustments, voids, and resubmission procedures
 - Medicare crossover claim guidelines
 - Samples of all standard forms used by providers; including claim forms, adjustment/void forms, pre-certification forms, and prior authorization forms
 - Denial messages and required follow-up action
 - Using and understanding the remittance advice
 - Recent newsletters and informational releases
 - Recipient eligibility and review of recipient ID cards
 - Provider enrollment and standards for payment
 - Using and understanding web technology and new applications.

Additionally, audiovisual aids are developed to accompany the oral presentations. These include flowcharts of claims processing steps; samples of correct and incorrect claim forms; claims processing statistics; screen prints of web applications; and copies of handout materials.

Providers are notified of training sessions by messages on remittance advices, *Provider Updates*, and special mailings.

2.8.4.4(6) Training Packets

As part of its continuing education process, Unisys sends copies of training packets to all new providers upon enrollment along with their provider manuals. Training packets are sent to DHH upon request.

2.8.4.4(7) Regional Training Workshops

Unisys maintains a training program for all Medicaid providers to keep them informed of major program changes and standard policy and procedures. New providers enrolling in the Medicaid Program receive training needed to supplement the regularly scheduled series of training sessions. Provider training goals include:

- Ensuring provider understanding of LMMIS policies and procedures
- Acquainting providers with the LMMIS and its functions and purposes
- Ensuring provider awareness of procedures for Medicaid claims processing as they relate to eligibility determination, correct claims submission, inquiries to the fiscal intermediary, and for all other Louisiana MMIS features in which providers are directly involved

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- Introducing providers to their point of contact for problems and concerns regarding the Medicaid Program
- Ensuring provider awareness of and ability to use web applications
- Introducing providers to new enhancements and functionality that impact their ability to interact more effectively and efficiently with LMMIS.

Unisys staff designs, implements, and conducts a comprehensive training program offered annually to all eligible providers in the Louisiana Medicaid Program. The purpose of this training program is to offer a refresher course in the proper mechanisms and requirements for billing the Medicaid Program; to address specific problem areas identified through claims processing and provider interactions; to gain familiarity with changes or updates in program policy; and to introduce new enhancements and products to the provider community.

New and challenging enhancements will be implemented with the new contract and will have a direct impact on the provider community and the Provider Relations Department. We will be actively involved with provider and DHH training for these changes.

Unisys field analysts schedule, coordinate, and perform all field visits for individualized training for those Medicaid providers requiring assistance.

Unisys uses a post-training evaluation form to solicit provider input for future training sessions and to determine the effectiveness of current training presentations. Data derived from evaluation forms is incorporated with other training statistics and summarized in a training report forwarded to DHH at the conclusion of annual provider training. Evaluations are filed and available on request for DHH review. The training report includes the number of attendees by location and provider program type and a summary of provider comments and concerns.

2.8.4.4(8) Field Visits

The Unisys Provider Relations Department has had great success with offerings of individual provider education in the form of scheduled and unscheduled field visits. Unscheduled field visits normally occur when an analyst's scheduled visits conclude early and there is time to call on other providers in that area. Visits may be for public relations purposes with existing providers; follow-up with participating providers to conduct training or assist with billing problems; or for recruitment of new providers. Unisys will encourage participation of qualified providers in the Louisiana Medicaid Program through educational information; professional responses to inquiries; and timely processing of provider enrollment application requests.

2.8.4.4(9) Scheduled Field Visits

For scheduled visits, Unisys contacts providers who have requested individual attention from provider relations field analysts within 10 business days of provider telephone inquiry. Provider Relations staff will also identify, schedule, and visit providers who are most error-prone and offer targeted assistance with billing problems. Internal referrals are also received from our Claims Department, which identifies providers who need assistance with correct claims completion, and from the Prior Authorization (PA) and Pre-Certification Departments when providers need assistance with the PA and pre-certification

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processes. Additionally, the Unisys SURS Department requests contact with providers who need educational visits following the closure of certain case reviews.

2.8.4.4(10) Scheduling of Field Visits

Field analysts schedule all visits within 15 business days of receipt of the request. The visit is confirmed one to two days prior to the scheduled visit. In addition to these requested field visits, the analysts establish routine, ongoing contact with high volume providers, new providers, and providers who historically have needed additional assistance.

At the time of the field visits, the analysts have available to them the research resources of the Unisys Baton Rouge facilities. Currently each analyst uses a laptop computer for accessing the system from the providers' offices to assist in the individual training and claims resolution process. The laptop enables the representative to query the LMMIS files while in the provider's office and gives the provider the detailed assistance needed to avoid future problems. A telephone line is in place specifically for field analyst access to the Provider Relations Department. Any inquiry that cannot be resolved in the field is researched by the appropriate in-house staff and followed-up to ensure that the provider receives an accurate response.

2.8.4.4(11) Written Field Reports

Unisys documents all visits through completion of a Provider Field Visit Report. This report presents the date and time of the visit; type of visit request; provider contact person; and visit details. Once completed, a specialized form, depicted in **Figure 2-101, Provider Visit Report**, is currently filed in the hard copy provider file for future reference. As with other department written documents, the written field reports of all field encounters with providers will be imaged for easy access and review. Hard copies are maintained in the provider files along with any other documented encounters and stored off-site.

2.8.4.4(12) Written Field Reports to DHH

Copies of these reports will be accessible to DHH through the imaging system or will be provided hard copy to DHH within five business days of a request.

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REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

FIELD REPORT									
ANALYST: _____					REQUEST DATE: _____				
PROVIDER NAME: _____					APPOINTMENT DATE: _____				
PROVIDER NUMBER: _____					APPOINTMENT TIME: _____				
PROVIDER ADDRESS: _____									
PROVIDER TYPE: _____					APPOINTMENT LENGTH: _____				
PROVIDER CONTACT: _____					PHONE NUMBER: _____				
SOURCE	State	Provider	KIDMED Recruitment	Unisys	Drop- In	New Provider			
(*If State Request, Name of Requester: _____)									
ISSUES/TRAINING ITEMS									
	MEDICAID	CROSSOVERS	ADDITIONAL NEEDS						
Claims Status	_____	_____	EMC Prospect _____						
RA/Reconciliation	_____	_____	Follow-up _____						
Billing Procedures	_____	_____	Manual _____						
Claim Form Completion	_____	_____	Training Packet _____						
Forms	_____	_____	Claim Forms _____						
Adjustments/Voids	_____	_____	Adj. Forms _____						
Policy Questions	_____	_____	Provider Hist. _____						
Recipient Eligibility	_____	_____	Global List _____						
Reimbursement	_____	_____	Carrier Codes _____						
Prior Authorization	_____	_____	Fee Schedule _____						
TPL	_____	_____	PA-01 _____						
EMC	_____	_____	PA-02 _____						
Timely Filing	_____	_____	158-A _____						
Community Care	_____	_____	PCF-01 _____						
Other	_____	_____	PCF-02 _____						
Provider has manual & training pkt.	YES	NO	Newsletter (issue) _____						
Provider keeps RAs for 5 years	YES	NO	Enrollment Pkt _____						
Provider attended last workshop	YES	NO	EFT Form _____						
Eligibility verification—MEVS	YES	NO	RA Copy (date) _____						
Eligibility verification—REVS	YES	NO	Other _____						
Provider reconciles RAs timely	YES	NO	Provider file into up to date Y N						
Has current ICD-9 coding book	YES	NO	Billing staff turnover Y N						
Has current CPT coding book	YES	NO	Referred provider to DHH Y N						
Denials Discussed	_____	_____	_____	_____	_____	_____	_____	_____	_____
COMMENTS: _____ _____ _____ _____									

Figure 2-101, Provider Visit Report

2.8.4.5 Publication Responsibilities

Unisys has the experience, expertise, and a commitment to the production of useful, concise, educational publications for the LMMIS providers. Our provider relations staff works closely with DHH staff to develop and maintain effective provider policy and billing procedure manuals, bulletins, and other publications. These materials serve as vehicles for disseminating information and instructing the provider community.

2.8.4.5(1) Publication Mailings

The provider newsletter and all other DHH-approved provider publications, such as provider manuals and addenda, are mailed to the provider community using first-class postage to addresses on the Provider File and DHH distribution lists. Unisys also maintains a separate mailing list that includes any related professional organizations, requested health care personnel and other interested parties.

PROGRAM AREA: Provider Relations

REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

2.8.4.5(2) Provider Manuals, Updates and Newsletters

The provider manuals distributed to all providers remain the principal source of LMMIS information and the basic training aid for both providers and Department personnel. Throughout its' service as fiscal intermediary, Unisys has been committed to producing manuals that are not only technically accurate, but also user-friendly. General Louisiana Medicaid policy, program specific policy, and step-by-step billing instructions are included in the existing provider manuals. The manuals and addenda are in a three-hole loose-leaf format that facilitates updating and easy binder storage. New manuals and updates to existing manuals as written, requested and/or approved by DHH are printed and distributed through first-class mail. These publications are mailed according to unique provider types or groupings of providers as approved by the Department.

Provider relations staff coordinates the publication of the *Provider Update*, the bi-monthly newsletter, after approval by the Department. The newsletters contain general information as well as articles grouped by provider type.

LMMIS providers are also notified of program information through provider specific messages on the remittance advice, which we have found to be an effective and expedient method of relaying information to providers.

Unisys currently publishes newsletters, remittance advice messages, training materials, and EDI companion guides on the lamedicaid.com website. EDI companion guides are available to VBCs upon enrollment in the HIPAA EDI testing service. Additionally, Unisys provides search capabilities for newsletters and remittance advice messages published on the website that facilitates policy research and aids in responding to provider inquiries. With approval from DHH, we will also publish all provider manuals on this website where they can be downloaded as PDF files. This allows providers with Internet connectivity to easily access this information from their offices.

2.8.4.5(3) Manual Updates

Unisys technical writers and other provider relations staff members work with DHH staff to implement all provider manual changes and submit changes to DHH for approval before final inclusion in the manual. Documents are developed using Microsoft Word. As soon as changes are approved, Unisys sends DHH an updated version of the manual on hardcopy and diskette, and arranges the printing and mailing of updates to providers. All updates to provider manuals are made within 10 business days following DHH authorization. The manager and/or supervisor track this process to ensure that requirements in the Fiscal Intermediary Management System (FIMS) letters requesting manual updates are met and work directly with the printing company concerning publication deadlines.

2.8.4.5(4) Manual Costs

Unisys incurs the cost of producing quality provider manuals and updates, including first class postage cost of mailing these publications.

2.8.4.5(5) Provider Manual Updates – Development and Distribution

As in the past, Unisys will develop, print and mail any updates to the initial provider manuals. If new provider type manuals are required, Unisys will develop, print, and mail these new manuals following DHH approval. Updates to existing provider manuals and new manuals for new provider types will be developed as indicated in Section 2.8.4.5(3). Provider relations staff will coordinate the preparation, printing, and subsequent mailing of these publications. Updates to existing manuals will also be uploaded

PROGRAM AREA: Provider Relations

REFERENCE NUMBER: 2.8

TECHNICAL REQUIREMENT AREA: Provider Relations

and incorporated in manuals published on the website, and any new provider manuals will be made available there as well.

2.8.4.5(6) Provider Publications

Unisys will provide DHH with a minimum of 25 copies of any proposed and final publication to be sent to the provider community.

2.8.5 Policy Conformance

Unisys will conform to the policies set forth in the SFP by DHH with respect to Provider Relations.

PROGRAM AREA: Audit Support

REFERENCE NUMBER: 2.9

TECHNICAL REQUIREMENT AREA: Audit Support

2.9 Audit Support

Auditing is a proven method of verifying the accuracy of claims payments and compliance with program regulations. For the Louisiana Medicaid Program, the State commissions two major types of audits: provider and internal. Provider audits are conducted to identify fraudulent or aberrant provider practices, to discover any funds that are recoverable, to assist in rate setting for selected provider types, and to verify the accuracy of financial disclosures made in the provider cost reports. Internal audits are mandated by State and federal regulatory agencies to ensure overall Medicaid Program compliance with established regulations.

As the fiscal intermediary, Unisys provides auditing support to the State through our system-generated reports, audit trails, manual procedures and documentation. We rely on these processes to monitor LMMIS processing and manage information. Our audit support procedures and documentation help prevent, detect, and correct erroneous input, while the audit trails and system reports are used to track changes and updates. All audit support activities required by the SFP are currently being performed at our LMMIS site.

We have included a reference letter attesting to our successful operation of audit support, as well as the required staffing chart, at the end of this section.

2.9.1 Objectives

Unisys acknowledges the objectives of Audit Support as outlined in the SFP.

2.9.2 Description

Unisys acknowledges the description and functions of both the provider audits and internal audits as defined in the SFP.

2.9.3 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to Audit Support and will continue to support DHH in carrying out each of the stated responsibilities.

2.9.4 Contractor Responsibilities

Unisys will continue to operate the Audit Support according to established procedures and in a manner that ensures smooth, uninterrupted processing. Our commitment to successful performance of these functions is supported in the following responses.

2.9.4.1 Provider Audit Responsibilities

DHH ensures that providers enrolled in the Medicaid Program are in compliance with the State and Federal policies and regulations by either conducting audits or designating an Audit Contractor. Unisys supports these audits by providing the following.

2.9.4.1(1) SU-0-65 and SU-0-69 Reports

Under the current contract, Unisys has provided the Drug Audit List (SU-0-65) and Audit Total Profile Report (SU-0-69) within ten (10) business days from request. We will continue to provide these required

PROGRAM AREA: Performance Standards, Reporting, and Monitoring

REFERENCE NUMBER: 2.10

TECHNICAL REQUIREMENT AREA: Performance Standards, Reporting, and Monitoring

2.10 Performance Standards, Reporting, and Monitoring

Managing a complex MMIS project entails setting solid performance standards, reporting all progress against these standards, and constantly monitoring the activities undertaken to meet these standards. Unisys has consistently met performance standards for the LMMIS during our tenure as fiscal intermediary. The following sections address the performance standards, reporting, and monitoring requirements for the new LMMIS contract.

2.10.1 Introduction

Unisys thoroughly understands the responsibilities accorded both the State and the fiscal intermediary for assessing performance under the LMMIS contract. To attest to our support of the performance standards, reporting, and monitoring, we have included a Statement of Agreement in Volume 2, Appendix A—Mandatory Requirements, of our response. In the following section, we briefly address the requirements noted in section 2.10.

2.10.2 Performance Standards and Liquidated Damages

Unisys acknowledges the performance standards and the related liquidated damages associated with failure to meet these standards that the State has defined for each technical requirement area.

2.10.3 Overview of Performance Reporting

Unisys will provide the required performance reports, in summary or detailed format, as requested by the State. Most reports will include graphical trend analyses that may include as much as two years of historical data. Performance reports under the new contract will be delivered to the State, beginning in February 2005.

2.10.4 Description of Performance Reports

Unisys understands the informational requirements listed for performance reports. We also understand that we will develop suggested reporting formats and submit these to the State for approval.

2.10.5 Department Responsibilities

Unisys acknowledges the performance reporting responsibilities of the State.

2.10.6 Contractor Responsibilities

Unisys performs several tasks that support the performance standards, reporting, and monitoring requirements of the Louisiana MMIS. They include the following:

2.10.6 (1) Report Formats

The various reports used for performance reporting are compiled according to a format that was developed previously by Unisys and approved by the State. Under the new contract, these formats will be reviewed with the State to ensure that they continue to meet State needs.

2.10.6(2) Report Distribution

Unisys produces and distributes to the State ten (10) copies of the monthly performance monitoring reports no later than the 10th business day of each month.

PROGRAM AREA: Performance Standards, Reporting, and Monitoring

REFERENCE NUMBER: 2.10

TECHNICAL REQUIREMENT AREA: Performance Standards, Reporting, and Monitoring

2.10.6(3) Monthly Performance Report Distribution

When requested by the State, we provide copies of all working papers and supporting data used to develop a performance monitoring report. This information is delivered to the State within two (2) working days after receiving a request. We understand that we are responsible for all expenses associated with preparing this information and delivering it to the State.

2.10.6(4) On-Site Inspections

We also acknowledge that the State has the right to conduct unannounced on-site inspections of our fiscal intermediary facilities.

2.10.6(5) On-Site Fiscal And Performance Reviews And Audits

From time to time, the State may desire to conduct unannounced onsite performance reviews and fiscal audits at our Louisiana facilities. We will participate in these reviews as requested, providing the State access to information and personnel necessary to support the review.

2.10.6(6) Liquidated Damages

Unisys acknowledges that failure to meet performance standards may result in liquidated damages being assessed. We understand the liquidated damages associated with performance standards cited in section 2.10.2.

PROGRAM AREA: Turnover Requirements

REFERENCE NUMBER: 2.12

TECHNICAL REQUIREMENT AREA: Turnover Requirements

2.12 Turnover Requirements

Should contract turnover become necessary, Unisys understands the importance of full cooperation between all parties concerned as well as the necessity for a full exchange of information and data. Unisys recognizes the need to ensure that the integrity of both data and program files is maintained throughout the turnover process, and that claims in process continue to be adjudicated in an accurate and timely fashion. Unisys recommends contingency plans to offset any perceived or predicted problem as Unisys addresses all aspects of the turnover process and offers alternatives where warranted.

Unisys understands the importance of cooperation by the incumbent fiscal intermediary during the transition to new processor. If it becomes necessary to perform a turnover to DHH or its agent, Unisys will meet all contractual turnover obligations as described in section 2.12 of the SFP, willingly and professionally. The turnover will be conducted in accordance with a State-approved, comprehensive, and realistic turnover plan. The Unisys turnover plan will include descriptions on:

- Proposed updated plan of turnover activities including tasks, sub-tasks and deliverables
- Turnover schedule
- Updated procedures for production programs and updated documentation
- Any required revisions to Turnover Plan due to ongoing development projects
- Standard procedures including breakdowns in production processing, staffing, equipment usage, facility needs, workloads and standard procedure
- Additional reasonable information that the Department feels would be helpful in this transition.

Unisys will work closely with the State to ensure all applicable turnover tasks are included, issues are addressed, risks are identified, and appropriate mitigation actions are defined in identified time frames that are reasonable, achievable, and acceptable to the Department.

The Unisys approach to turnover is designed with the prime objective of preventing disruption of all ongoing processes including claims processing, recipient verification, pharmacy point-of-sale services, prior authorization, and pre-certification services. Every effort will be made to ensure that an LMMIS turnover is transparent to recipients, providers, and users. DHH plays a significant role as mediator and advisor during the Turnover Phase. DHH personnel must review all steps taken during this period to ensure that State goals and interests continue to be the focus of all parties. Unisys acknowledges and strongly supports DHH roles and responsibilities during this critical transition period.

2.12.1 Introduction

Unisys acknowledges and understands the introduction as described in the SFP.

PROGRAM AREA: Turnover Requirements

REFERENCE NUMBER: 2.12

TECHNICAL REQUIREMENT AREA: Turnover Requirements

2.12.2 Department Responsibilities

Unisys acknowledges the Department's responsibilities with respect to the Turnover Requirements and will continue to work with and support DHH in carrying out each of the stated responsibilities.

2.12.3 Contractor Responsibilities

Unisys will perform the Turnover Requirements according to established procedures and in a manner that ensures smooth, uninterrupted processing. Our commitment to successful performance of these functions is supported in the following response to each of the itemized SFP responsibilities listed in this section.

2.12.3(1) Initial Turnover Plan

Unisys recognizes that the development of a comprehensive Turnover Plan is the key ingredient for a transition of contractors, ensuring continuity of services to recipients, providers, and DHH. Within 30 days of written notification from the Department to terminate or replace, Unisys will provide an initial Turnover Plan. The plan will be updated and delivered nine (9) months prior to the end of the contract and will provide details sufficient for the Department and successive contractor(s) to understand takeover needs. The details to be included are discussed in the following paragraphs.

The Turnover Plan will identify turnover-related tasks and subtasks necessary to effect a successful transition of MMIS operations from our organization to DHH or a new fiscal intermediary. The plan will identify responsible entities at the task level as well as a breakdown of processing steps performed, staffing, equipment and facility consumption, workloads, and standard procedures.

A schedule for performance of the tasks and sub-tasks will be included in the plan. Incorporation of the approved turnover tasks into the Turnover Work Plan will enable the assignment of beginning and ending dates to each activity, estimation of resources required to complete, and identification of responsible individuals.

The Turnover Plan will detail methods and procedures for implementing LMMIS program modifications and incorporating attendant changes into system documentation during the transition period. Included will be proposed "freeze points" after which system design and modifications, other than emergency fixes, will not be applied to the system. In addition, the plan will provide for simultaneous maintenance procedures for data files, which will be processed to a final version prior to our final production cycle.

The plan will reflect the proposed implementation schedules for all system changes that are scheduled during the turnover period, and the impact of these changes on the entire turnover process. Both Unisys and the successor contractor will identify critical areas of concern to facilitate minimum impact on transition efforts. Additionally, the original plan will be revised to reflect changes caused by development projects that have been implemented or are anticipated to be implemented prior to turnover.

Unisys will provide an MMIS Requirements Statement that includes all facility and other resources required to maintain full LMMIS operations. These resources include at a minimum:

- Data processing equipment

PROGRAM AREA: Turnover Requirements

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TECHNICAL REQUIREMENT AREA: Turnover Requirements

- Systems and special software for both MMIS core processing as well as other peripheral client server systems
- Telecommunications networks
- Office space.

Standard procedures and processing steps will be provided in conjunction with the training of DHH-specified personnel.

Unisys will incorporate into the Turnover Plan any additional turnover related items mandated by the Department. In response to SFP Section 6.3, the Statement of Agreement appears in Appendix A-Mandatory Requirements in Volume 2 of this proposal.

2.12.3(2) Second Updated Turnover Plan

A second updated Turnover Plan will be delivered within 30 days after a written request from the Department and will be based on the outcome of negotiation sessions between Unisys and the Department. In response to SFP Section 6.3, the Statement of Agreement appears in Appendix A-Mandatory Requirements.

2.12.3(3) Training

Unisys is committed to meeting DHH requirements as identified during Turnover Plan development. Unisys will train appropriate successor contractor management in the operation of the MMIS prior to contract termination. Training will be developed for each area designated in SFP Section 2.12.3(3) and will be completed at least two months prior to the end of the contract or contract extension.

The level of training will be dictated in part by the needs of the new contractor and whether the new contract calls for a takeover of the existing system or the development of a new system.

2.12.3(4) Documentation

LMMIS documentation is continually reviewed, updated, and forwarded to the Department as changes are made. An overall comprehensive review will be completed, and updated if warranted, 12 months prior to the end of the contract term. Any documentation determined to be inaccurate or incomplete will be corrected within six (6) months of the initial delivery. Based on the requirements of Design Change Requests and the System Development Life Cycle, the necessity for modifications to the system documentation at these times should be minimized or eliminated. In response to SFP Section 6.3, the Statement of Agreement appears in Appendix A-Mandatory Requirements.

2.12.3(5) Unprocessed Documents

All work-in-progress online and paper documents will be packaged and delivered within five (5) business days of a request by DHH, or as negotiated during the turnover meetings. All work-in-progress will be clearly identified by content, status and remaining activities and will be transferred with transmittal sheets.

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TECHNICAL REQUIREMENT AREA: Turnover Requirements

2.12.3(6) Inventory

Unisys will develop and provide a comprehensive list of supplies, including current inventory and usage requirements, along with a supplier list for all disposable items necessary to maintain the LMMIS operation. This list will be provided no later than 45 days prior to the end of the contract.

2.12.3(7) System Transfer

Unisys will deliver the following items to DHH or the successor contractor within the required five days after notification:

- All necessary data and reference files on magnetic cartridge
- All production computer programs on magnetic cartridge
- All non-proprietary software required to operate the MMIS on magnetic cartridge
- All documentation, including user, provider, and operations manuals, on PC-compatible diskettes or CDs.

Additional deliveries of the above items will be made as required by the negotiated Turnover Plan developed by Unisys, DHH, and the new contractor. The following items will be delivered as negotiated:

- All hardcopy, microfilm, and imaged documents
- Procedures for updating computer programs, licensed software, and documentation
- All archived operating instructions, including JCL Sysout which identifies associated condition codes, system messages, clock and CPU run times, and final file dispositions
- All operations logs, summaries, and balancing sheets for the entire contract period
- All job scheduling software and reports used to track and verify cycles
- A complete telecommunications and hardware diagram covering all aspects of the MMIS process
- All system macros related to job scheduling, data entry, or system modifications.

A preliminary Turnover Plan is included at the end of this section.

2.12.4 Contractor Organization And Staffing

Unisys will maintain staff as dictated in SFP Sections 2.4.3 and 2.6.4 to ensure the continuous and timely processing of LMMIS data during the Turnover Phase, and will designate as part of the Turnover Plan not only the name of the turnover project manager and back-up project manager, but also the names and responsibilities of all staff members who are key to the turnover process.

PROGRAM AREA: Turnover Requirements

REFERENCE NUMBER: 2.12

TECHNICAL REQUIREMENT AREA: Turnover Requirements

The Turnover Plan will include an approach for employee retention to ensure that all contract performance requirements are met in the turnover period. Promoting from within, using temporary employees, or using employees on loan from other Unisys sites with similar process experience are initiatives that Unisys will pursue in order to fill any vacancies that may occur. For employees selected by the new fiscal intermediary (or the State), Unisys will allow training to the extent that such training does not interrupt operations, and will work out a mutually agreeable transfer date. These measures demonstrate that employees can stay with Unisys until contract end and still transition to a new employer with minimal or no risk. At the same time, Unisys is better able to meet our contractual obligations to the State, making it a win-win situation for everyone.

In response to SFP Section 6.3, the Statement of Agreement appears in Appendix A-Mandatory Requirements.

2.12.5 Policy Conformance

Unisys will conform to the policies set forth in the SFP by DHH with respect to the Turnover Requirements.

The Department shall maintain full ownership rights to all non-proprietary LMMIS application software and all non-proprietary system and operations documentation provided and used pursuant to the Contract, without additional cost to the Department. A perpetual license will be made available to the Department for the continued use of any Unisys proprietary application software provided by Unisys, for any period subsequent to the contract period. Unisys will ensure that a perpetual license for any commercial proprietary application software and system and operations documentation can either be transferred to or acquired by the State.

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UNISYS

PRELIMINARY

TURNOVER PLAN

PROGRAM AREA: Turnover Requirements

REFERENCE NUMBER: 2.12

TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN						
Task No		Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit
1		Receive Notification of Turnover Date from DHH				Management
2		Begin Turnover Planning Activities				
3		Assign Unisys full-time turnover manager				Management
4		Assign Unisys backup turnover manager				Management
5		Schedule turnover meeting (DHH, Unisys & New Contractor)				Management
6		Turnover Plan - Initial Plan				
7		Develop proposed plan of turnover activities				Management
8		Identify tasks and sub-tasks				Management
9		Develop proposed turnover schedule				Management
10		Define production program and documentation update procedures during turnover				Management
11		Update Turnover Plan as required to reflect ongoing development projects				Management
12		Develop description of staffing, facility, workloads, and standard procedures				Management
13		Prepare additional information as requested by DHH				Management
14		Conduct Turnover Meeting with Unisys, DHH and Successor Contractor				
15		Discuss initial Turnover Plan				Management
16		Negotiate turnover schedule, turnover procedures, etc.				Management
17		Determine Turnover Schedule				
18		Determine volume of all claims to transfer				Management
19		Determine dates for training new contractor staff				Management
20		Determine volume of all microfilm, microfiche, and claims images to transfer				Management

PROGRAM AREA: Turnover Requirements

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TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN						
Task No	Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit	
21	Determine cutoff date for adjustment entry				Management	
22	Determine cutoff date for adjustment receipt				Management	
23	Determine cutoff date for Attorney General leads and history requests				Management	
24	Determine cutoff date for Attorney General microfilm requests				Management	
25	Determine cutoff date for automated billing				Management	
26	Determine cutoff date for check rebate				Management	
27	Determine cutoff date for check receipt				Management	
28	Determine cutoff date for claims receipts				Management	
29	Determine cutoff date for data matches				Management	
30	Determine cutoff date for all PA requests				Management	
31	Determine cutoff date for all PA decisions				Management	
32	Determine cutoff date for EMC upgrades				Management	
33	Determine cutoff date for MEVS/REVS switch vendor contracts				Management	
34	Determine cutoff date for submittal of PA records file from outside authorization contractors				Management	
35	Determine cutoff date for all toll- free help-desk lines				Management	
36	Determine cutoff date for file maintenance requests and worksheets				Management	
37	Determine cutoff date for microfilm, microfiche and claims image requests				Management	

PROGRAM AREA: Turnover Requirements

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TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN						
Task No		Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit
38		Determine cutoff date for financial transaction processing				Management
39		Determine cutoff date for history requests				Management
40		Determine cutoff date for DHH TPL contractor activities				Management
41		Determine cutoff date for Hospital inpatient Pre-Admission Certification requests				Management
42		Determine cutoff date for third-party liability mail				Management
43		Determine cutoff date for mailouts and specification changes				Management
44		Determine cutoff date for mass adjustments				Management
45		Determine cutoff date for month-end billing				Management
46		Determine cutoff date for new e-RA receipts				Management
47		Determine cutoff date for new Vendor Billing Clearinghouses				Management
48		Determine date to notify Medicare contractor of new MMIS contractor				Management
49		Determine cutoff date for pharmacy PA (mail)				Management
50		Determine cutoff date for pharmacy PA (phone)				Management
51		Determine cutoff date for provider billing				Management
52		Determine cutoff date for provider checks				Management
53		Determine cutoff date for provider letters and transmittals				Management
54		Determine cutoff date for provider manuals				Management
55		Determine cutoff date for receipt of check copies				Management

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TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN						
Task No	Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit	
56	Determine cutoff date for receipt of provider agreements				Management	
57	Determine cutoff date for recipient billing				Management	
58	Determine cutoff date for claims resolutions				Management	
59	Determine cutoff date for special batches				Management	
60	Determine cutoff date for testing new EMC providers				Management	
61	Determine cutoff date for void and reissue of checks				Management	
62	Determine cutoff date for written correspondence				Management	
63	Determine datasets to transfer/delete				Systems	
64	Determine date to transfer microfiche				Systems	
65	Determine date to transfer peer-based profiling records				Pharmacy	
66	Determine date to transfer provider files				Systems	
67	Determine EMC cutoff date for mailouts				EMC	
68	Determine procedure for receipt of checks after cutoff date				EMC	
69	Determine procedures for data match receipts after cutoff date				EMC	
70	Determine procedures for documentation received from insurance carriers after cutoff date				Claims	
71	Determine date for transferring remaining check stock				Financial Processing	
72	Determine procedures for file maintenance receipts after cutoff				Files Maintenance	
73	Determine procedures for imaged claims transfer				Claims	
74	Determine procedures for assigned receipts after cutoff date				Provider Relations	

PROGRAM AREA: Turnover Requirements

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TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN						
Task No		Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit
75		Determine procedures for microfilm transfer				Claims
76		Determine procedures for notifying all providers				Provider Relations
77		Determine procedures for outstanding billings				Claims
78		Determine procedures for outstanding checks				Financial Processing
79		Determine procedures for outstanding film requests				Claims
80		Determine procedures for outstanding Hospital Pre-Admission Certification assigned cases				Hospital Pre-Admission Certification
81		Determine procedures for outstanding pended claims				Med Resolution
82		Determine procedures for pended claims				Claims
83		Determine procedures for transfer of outstanding recipient billings				Management
84		Determine procedures for transferring keyed claims				Claims
85		Determine procedures for transferring microfiche and microfilm				Computer Operations
86		Determine procedures for transferring unkeyed claims				Claims
87		Determine procedures for unprocessed data				Management
88		Determine procedures for documentation received from insurance carriers after cutoff date				Management
89		Determine procedures for incomplete documentation				Management
90		Determine procedures for all receipts after cutoff date				Management
91	Training Activities					
92		Train new contractor staff on data entry				Claims

PROGRAM AREA: Turnover Requirements

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TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN						
Task No	Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit	
93	Train new contractor staff on computer operations				Computer Operations	
94	Train new contractor staff on controls and balancing procedures				Computer Operations	
95	Train new contractor staff on claim exception processing				Systems	
96	Train new contractor staff on manual procedures				Financial Processing	
97	Train new contractor staff on quality control and quality assurance procedures				Management	
98	Train new contractor staff on design change request and system development methodology				Systems	
99	Train new contractor staff on software applications used by DHH for ad hoc reporting				Systems	
100	Train new contractor staff on reporting tools				Systems	
101	Cutoff Dates - Transition Activities					
102	Adjustment/Void receipt cutoff date				Management	
103	Automated billing cutoff date				Management	
104	Carrier check cutoff date				Management	
105	Check copies cutoff date				Management	
106	Claim receipt cutoff date				Management	
107	Data match cutoff date				Management	
108	PA cutoff date				Management	
109	EMC mailout cutoff date				Management	
110	EMC testing cutoff date				Management	
111	e-RA cutoff date				Management	
112	File maintenance cutoff date				Management	
113	History request cutoff date				Management	
114	Hospital Pre-Admission Certification cutoff date				Management	
115	Mass adjustment cutoff date				Management	
116	Provider billing cutoff date				Management	
117	Provider check cutoff date				Management	
118	Provider manuals cutoff date				Management	
119	Rebate check cutoff date				Management	

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TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN						
Task No		Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit
120		Recipient billing cutoff date				Management
121		Claims resolutions cutoff date				Management
122		Special batch cutoff date				Management
123		Specification cutoff date				Management
124		Financial transaction cutoff date				Management
125		Provider letter and transmittal cutoff date				Management
126		Void and reissue check cutoff date				Management
127		Written correspondence cutoff date				Management
128		Notification to Providers/Outside Entities				
129		Notify new contractor and DHH of special batch cutoff date				Provider Relations
130		Notify Attorney General of cutoff dates				Provider Relations
131		Notify carriers of address to send billings after cutoff date				Provider Relations
132		Notify carriers of check cutoff date				Provider Relations
133		Notify DHH of financial transaction cutoff date				Provider Relations
134		Notify VBCs of cutoff date				Provider Relations
135		Notify DHH TPL contractor of cutoff date				Provider Relations
136		Notify labelers of rebate cutoff date				Provider Relations
137		Notify TPL parties of cutoff date				Provider Relations
138		Notify providers of Hospital Pre-Admission Certification cutoff				Provider Relations
139		Notify providers of adjustment cutoff date				Provider Relations
140		Notify providers of billing cutoff date				Provider Relations
141		Notify providers of check cutoff date				Provider Relations
142		Notify providers of all PA cutoff date				Provider Relations

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TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN						
Task No	Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit	
143	Notify providers of EMC testing cutoff date				Provider Relations	
144	Notify providers of Pharmacy PA cutoff				Provider Relations	
145	Notify providers of provider check holds				Provider Relations	
146	Notify providers of void and reissue check cutoff date				Provider Relations	
147	Notify providers of written correspondence cutoff date				Provider Relations	
148	Notify recipients of billing cutoff date				Provider Relations	
149	Notify systems of required pending claims change				Provider Relations	
150	Notify MEVS/REVS switch vendor of cutover date				Provider Relations	
151	Notify KIDMED contractor of cutover date				Provider Relations	
152	Notify Pharmacy POS switch vendors of cutover date				Provider Relations	
153	Notify DUR Board members of cutoff date				Provider Relations	
154	Notify outside PA entities of cutoff date				Provider Relations	
155	Cutover Dates - Transition Work					
156	Transfer Systems Requests - DCRs, SRFs, DRFs				Systems	
157	Transfer 1099 manual updates documentation				Systems	
158	Transfer 1099 reports				Systems	
159	Transfer production logs				Systems	
160	Transfer all active cases - Pre-Cert, Prior Authorization, Provider Relations, Pharmacy POS, Provider Enrollment, Medical Review, EMC, etc.				Systems	
161	Transfer ad hoc JCL				Systems	
162	Transfer ad hoc source code				Systems	
163	Transfer ADA documents				Claims	
164	Transfer all automated billing/keyed billing film and warehouse				Claims	

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TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN						
Task No		Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit
165		Transfer cash batches microfilm and microfilm log				Computer Operations
166		Transfer check copy documentation				Mailroom
167		Transfer check copy request form				Mailroom
168		Transfer check documentation (warehouse and film)				Mailroom
169		Transfer all check logs				Mailroom
170		Transfer check PC reports				Mailroom
171		Transfer claim batch memos				Mailroom
172		Transfer claim batches				Mailroom
173		Transfer closed Attorney General requests				Mailroom
174		Transfer closed cases				Mailroom
175		Transfer completed TPL mail				Mailroom
176		Transfer provider agreements				Mailroom
177		Transfer data match completed reports				Mailroom
178		Transfer data match lists				Mailroom
179		Transfer datasets to DHH				Systems
180		Transfer all DCR, SRF, DRF documentation				Systems
181		Transfer denied cases				Claims
182		Transfer claims documents files				Claims
183		Transfer DME film				Claims
184		Transfer documentation (logs, letters, transmittals)				Systems
185		Transfer EMC program & screen code				EMC
186		Transfer EPSDT film				Claims
187		Transfer escrow report				Systems
188		Transfer all file maintenance keyed documents				Files Maintenance
189		Transfer financial fiche				Financial
190		Transfer HCFA 1500 documents				Claims
191		Transfer history request documentation				Systems
192		Transfer history update documentation not at zero balance				Systems

PROGRAM AREA: Turnover Requirements

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TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN

Task No	Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit
193	Transfer DHH TPL contractor documents received after cutoff date				Systems
194	Transfer Hospital Pre-Admission Certification files				Hospital Pre-Admission Certification
195	Transfer Hospital Pre-Admission Certification film				Hospital Pre-Admission Certification
196	Transfer imaged claims				Hospital Pre-Admission Certification
197	Transfer incomplete documentation				Systems
198	Transfer keyed claims				Claims
199	Transfer keyed paper cash batches				Claims
200	Transfer Hospital Pre-Admission Certification cases				Hospital Pre-Admission Certification
201	Transfer all Louisiana claims received after cutoff				Claims
202	Transfer all Louisiana assigned closed claims				Claims
203	Transfer TPL mail received after cutoff date				Claims
204	Transfer mass adjustment paper files				Systems
205	Transfer all microfiche and microfilm				Claims
206	Transfer microresearch request form				Mailroom
207	Transfer month-end billing reports				Mailroom
208	Transfer NSAID files				Systems
209	Transfer NSAID film				Mailroom
210	Transfer nursing facility files				Mailroom
211	Transfer nursing facility film				Mailroom
212	Transfer open Attorney General cases				Mailroom
213	Transfer outstanding A/Rs				Financial Processing

PROGRAM AREA: Turnover Requirements

REFERENCE NUMBER: 2.12

TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN						
Task No		Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit
214		Transfer outstanding billings				Financial Processing
215		Transfer outstanding checks received				Financial Processing
216		Transfer outstanding correspondence				All
217		Transfer outstanding provider agreements				Provider Enrollment
218		Transfer outstanding rebate checks				Financial Processing
219		Transfer outstanding research documentation				Systems
220		Transfer peer-based profiling records				Pharmacy
221		Transfer pending cases				All
222		Transfer pharmacy PA files and film				Pharmacy
223		Transfer provider number change log				Provider Relations
224		Transfer provider check automatic hold lists				Financial
225		Transfer provider check logs				Financial
226		Transfer provider files				Provider Enrollment
227		Transfer provider inquiry microfilm				Provider Relations
228		Transfer rebate check logs				Financial
229		Transfer recipient eligibility update request form				Provider Relations
230		Transfer special batch log				Claims
231		Transfer telephone correspondence inquiry record				Provider Relations
232		Transfer claim documents				Claims
233		Transfer undeliverable log				Claims
234		Transfer unkeyed adjustments				Claims
235		Transfer unkeyed claims				Claims
236		Transfer void and reissue documentation				Claims
237		Transfer void and reissue request form				Claims

PROGRAM AREA: Turnover Requirements

REFERENCE NUMBER: 2.12

TECHNICAL REQUIREMENT AREA: Turnover Requirements

PRELIMINARY TURNOVER PLAN						
Task No	Turnover Task	Comments / Data Set Name	Scheduled Date	Actual Date	Unisys Responsible Unit	
238	Transfer written correspondence inquiry form				Claims	
239	Transfer written correspondence (microfilm)					
240	Post Transition Activities					All
241	Cancel Attorney General's office port				Management	
242	Cancel line from DSS to Salt Lake City Data Center				Management	
243	Cancel line from LMMIS to State				Management	
244	Cancel line from LMMIS to ULM				Management	
245	Cancel line from LMMIS to Medical Dispatch				Management	
246	Remove hardware from ULM				Management	
247	Remove hardware from Medical Dispatch				Management	
248	Delete datasets				Systems	
249	Delete POS lines from LMMIS configuration				Management	
250	Complete HCFA-64 report -- last month of processing				Systems	
251	Notify Louisiana Assigned Claims Bureau of cutoff date				Management	
252	Notify DHH TPL contractor parties of cutoff date				Management	
253	Remove office furniture and equipment				Management	
254	Remove terminals, controllers, and printers				Management	

PROGRAM AREA: Turnover Requirements

REFERENCE NUMBER: 2.12

TECHNICAL REQUIREMENT AREA: Turnover Requirements










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LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

TOTAL PRICE PROPOSAL FORM

PROPOSER: **UNISYS**

REFERENCE NUMBER: 6.2.2

A. Total Paid Claim Line Processing Fees	
B. Total Encounter Line Processing Fees	
C. Total Price Proposal for Case Management of Medical Care Fees	
D. Total Fixed Price Proposal for Takeover	
E. Total Fixed Price Proposal for Required Enhancements	
F. Total Firm Fixed Price Proposal for Diagnosis Related Groups (DRG)/ Ambulatory Payment Classifications (APC) Enhancement	
G. Total Fixed Price Proposal for Managed Care System	
H. Total Price Proposal for Inpatient Hospital Pre-Admission Certification/ Length of Stay, PC Based SURS, MARS and Prior Authorization	
I. Total Fixed Price Proposal for Transition to a Relational Data Base Management System (RDBMS)	
TOTAL PRICE PROPOSAL (SUM OF "A" THROUGH "I")	<u>\$164,077,245.43</u>

Norman J. Nichols
Name of Individual (Please Type)


Authorized Signature for Proposer